ADDRESS

Marvland

Bethesda,

240, REC'D BY REGISTRAR

DATE

246-REGISTRAR'S SIGNATURE

Min.

(State)

certificate that physician. á poge 0

VS A15 (4) 1SM 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

A. Pumphrev

HYARO RO ETACHINE

BUREAU V. S.

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DECENTED

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or removal.

VS. A15ME(5) 5M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 344()

1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where de	b. COUNT		efore admission)
Montgomery		Maryland		Montgom	ery
b. CITY OR TOWN III outside corporate limits, write RURAL and give recreat tewn! Bethesds	5 min	C. CITY OR TOWN (If outside	corporate limits, write	KURAL ond give	neorest fown)
d. NAME OF HOSPITAL OR INSTITUTION (If not in I		d. STREET ADDRESS			e. IS RESIDENCE
#1 Farmington Drive	respirat, give sinual decreas,	3706 Spring	St.		ON A FARM?
3. NAME OF First	Middle	Lost 4. DAT	TE Month	Da	y Year
(Type or print) Glifford	В	Allen DEA	March_	20	158
5. SEX 6. COLOR OR RACE 7- MAR	RIED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years fast birthday)	IF UNDER TYEA	
Male White WIDOW	William Special	15 May 1873	84 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if refired) Dining Car Stuart CAUT	. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN	OF WHAT COUNTRY
Dining Car Stuerd	Railroad	Nova Scot	ia	U_S	ι. Δ .
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		- M.B3	CASUA
Teans 9 Allan		Felina Aronale	3		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?		IFORMANT		ington I	794
(Yes, no, or unknown) [If yes, give war or dates of service)	701-18-2510 M	ary Estelle Smit	th Ch C	h. Md.	J.E. a.
18. CAUSE OF DEATH [Enter only one cause per lin		way appoint but	cii Oir.o	INT	ERVAL BETWEEN
	Poronary Occlusi	A.W.		ON	SET AND DEATH
IMMEDIATE CAUSE (6)	soronary occiusi	On			min.
400 DUE TO	and and a safe and a second				
Conditions, if ony, which (b)	rteriosclerosis				0 years
(o), stoting the underlying DUE TO					
couse lost. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH.	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINALDIS	EASE CONDITION GIV	EN IN PART 1(a)	PERFORMED? YES NO-
E 200. EXTERNAL CAUSE WAS _ 20b. DESCR	THE HOW INJURY OCCURRED. (F.	nter nature of injury in Port I or Po	et II of item 181		ISO HOSE
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	The state of the s	market at migray in rest t of to	or to be read to by		
	I. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form, 120f.	(City or town)	(County)	(Stote)
Ö Hour a.m. WI	hile Not while facto	ry, street, office bldg., etc.)	(cit) or loving	10001177	(51010)
	work ot work				
21. I certify that I took charge of the	remains described abo	ve, held on Autopsy [],	Inspection X,	Inquiry 2	, ond find tho
death resulted from: Natural couses	Accident , Suid	ide [], Homicide [],	Undetermined c	ouse .	
00 2	B 00				DATE SIGNED
SIGNATURE JAM J.	Ball.	M.D. CHIEF MEDICAL EXAMINE	R 🔲		DATE STONED
//		ASSISTANT MEDICAL EXAM	AINER 🗆	Manual 4	000
NAME (Type) John Go. Ball		DEPUTY MEDICAL EXAMIN	ER 🔼	March 1	770
220. BURIAL, CREMATION, 226. DATE THEREOF		CDC114700V			
Bernamatan P	22c. NAME OF CEMETERY OR	CREMATORY 226. L	OCATION (City, town, o	or county)	(Stote)
REMOVAL (Specify) 3/22/58 23. FUNERAL DIRECTOR'S SIGNATURE	Union Cemeter		pesburg	or county)	(Stote)

BUREAU K. S.

BESEL INS AAM

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1		3	485	CERTI	FICAT	E OF DEAT	Н		Reg. Dist.	No. 215	;
1	. PLACE OF DEATH o. COUNTY Mo	ntgomery		MARYE		USUAL RESIDENCE (W. STATE		lived. If institution b. COUNTY COLUMBIA	on: Residence b	efore admi:	sion)
	b. CITY OR TOWN (IF	autside corporate lim	its, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (IF			URAL and give	nearest fav	(n) V
	Bethesda R	ural)		58 davs		Washin	neton	11'	7 x - 3		
-	d. NAME OF HOSPITA		give street			d. STREET ADDRESS	16, 0011	hope ;	17-0		SIDENCE
	U.S. Naval	Hospital,	Bethe	esda, Md.		2420	16th St	reet, N.	W.		A FARM?
3	NAME OF DECEASED (Type or print)	ь Lucy	7	Middle Drake		ALTHOUSE	4. DATE OF DEATH	March	4 .	Day	Year 19 58
	i. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	D 8. C	ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 Y		-
L	Female	White	WIDOWE	DIVORCED	0 2	1 May 1881		76 yrs.	Months Da	ys Hours	Min.
1	On. USUAL OCCUPATIO	N (Give kind of work ng life, even if retired	dane 10b.	KIND OF BUSINESS OF	INDUSTRY	11. BIRTHPLACE (Stat	e or fareign co	untry)	12. CITIZE	OF WHA	COUNTR
	Housewife	ng me, even n remee		ousewife		South Car	rolina		U.	S.	
1	3. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME	7			
	Charles M.	DRAKE				Elizabeth (FALVIN				
ī	5. WAS DECEASED EVER	IN U. S. ARMED FOI		SOCIAL SECURITY NO.	17. INFO	RMANT		Addr	e11		
	No	yes, give wor or odies or		Unknown	(Sis	ter) Mrs.	Jospehi	ne D. Fo	ley (Sa	me As	#2)
F	18. CAUSE OF DEAT	TH [Enter only one co		ne for (a), (b), and (c).]		1		,	, 1	NTERVAL B	ETWEEN
	151X Conditions, if an	mediate)	lend care	ins	na Stom	ach e	mater	laris		
	lying couse last.	ne under-					1				
	5			ONTRIBUTING TO DEA					EN IN PART 1(c		AUTOPSY ORMED?
10000	OR CONTRIBUTING	UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OC	CURRED. (I	nter noture of injury in	Port t ar Part	Il of item 18.)			
1000	20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Ye	While	NJURY OCCURRED Not while	20e. PLACE foctory	OF INJURY (Home, for , street, office bidg., et	m, 20f. (Cily	or town)	(Cour	ity]	(\$tole)
	21. I certify the	at I attended the	decease	ed from 5 Jan	uary	. 19 58 ta	+ March	19 58	that I last	sow the	decens
ı	alive on 4 Ma		. 19			curred at 8:10					
		9 10	00	,			ADDRESS (Sh	reet, city or town,	stote)		ATE SIGN
	ACTUAL SIGNATURE	unt C.	401	mon	M.D	U.S. Nava	l Hospi	tal, Bet	hesda,	Md.	3-5-58
	PHYSICIAN'S NAME (Type) BUT	t C. Johns	on, I	LCDR, MC, USIN		U.S. Nava	l Hospi	tal, Bet	hesda,	Md.	
2	20. BURIAL, CREMATION REMOVAL (Specify)	3-7-58	OF /	22c. NAME OF CEME Arlington				ngton, V		(Sta	(e)
2	MUNERAL DIRECTOR'S	SIGNATURE	2	ADDRESS			'D BY REGISTI		TRAR'S SIGNA		
1	Cawleria.	756 Penn.	000	W.W. Washin	eton.	D.C. DATE	MADIC	159 01	01.		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4 d by the haspital or attending physician.

**TOR: After this certificate has been signed by the attending physician and campletely filled in by detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and TO FUNERAL D

e funeral director, auld be filed will

the registrar priar to burial, cremation, or remaval, and in any event within 22 hours after death. VS A15 (4) 15M 10/57

added to the talk

- Land Charles Charles

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3486

CERTIFICATE	OF DEATH

Reg. Dist. No. 3441

1.	PLACE OF DEATH o. COUNTY Montgomer	·····		MARYL	AND	2. USUAL RESIDEN G. STATE Idaho	NCE (When	re decease	d lived. If instituti b. COUNTY		lore admi	ission)
	b. CITY OR TOWN (If RURAL and give nec	outside carparate lim	ls, wrile	c. LENGTH OF STAY II	N 1b							
	Bethesda			33 days		Lewist			01	0 X - 3		
	d. NAME OF HOSPITA				201	d. STREET ADD		A			ON	A FARM?
		cal Center	· Be	thesda III,	Md.	1021 P	owers		nue		1 1E2 [J NO DE
3.	NAME OF DECEASED (Type or print)	Fi	-	Mode		losi	-	4. DATE OF DEATH	Mon		Day	Year
-		Vivien		Marie		Anderson		- DEPTH	Pict. C.	IF UNDER 1 YE	1215	1958
5.	SEX Female	6. COLOR OR RACE	WIDOW	RIED NEVER MARRIED ED DIVORCED		June 27.	1922		9. AGE (In years lost birthdoy)	Months Day	-	
10	. USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS OR	INDUS				country)	12. CITIZEN	OF WHA	AT COUNTRY?
		ing life, even if retired)	37		March as				TT C		
20	Housewife	<u> </u>		None		Montai		415		U. S	o A.	
13	FFAIRER 3 NAME					14. MOTHER 5 MA	AIDEN NA	ONE				
	Clarence	Cox				Clell	a Sti	iff				*
	WAS DECEASED EVER	IN U. S. ARMED FOI		SOCIAL SECURITY NO.	17. II	NFORMANT The	Medi	cal	Record Add	ress		
1,11	No	r yes, give wor or come or	er sice)	571-25-88	The	e Clinica				7). Me	rvla	nd /
		N. Center columns of	wee nor li	ne far (o), (b), and (c).]			1 1/1/21	LVELA	Demiesa		TERVAL	- 7 - 24
	1	H WAS CAUSED BY:	suse per n	מני ליום		1	10	1	4	ő	NSET AN	D DEATH
	TARI II. DEAI	IMMEDIATE CAUSE ()	wrate		us		27	A		Ligar	4/4/
	410%	DUE TO)	1 -	for	has	4/	0.	-7	7-	-	
	Conditions, if ony, which) (b) Congestive Melen facture o molenday 3 yrs Com											
	gove rise to im	mediate Due To		~		111	1)	17	20 2/		6	
	lying cause last.	ne under-		* horistal	ich	Kut Alsean	w m	1/1/30	all nuchel	Bunne	1	& m
7		J (i	-	Tem as	TIL ALIE	1107 071 1770 70	1/16	LUCE	4 /000	ficerica	Jan Mar	0/
Õ	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	IK ROL	NOI RELATED TO TH	TE TERMIN	AL DISEAS	SE CONDITION ON	EN IN PART TO	PERF	ORMED?
S											YES E	NO [
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OC	CURREC	D. (Enler nature of in	njury in Pa	irt I or Poi	rt II of item 18.)			
	20c. TIME OF INJURY		10011	WINDY OFFICERS	20. 00	ACC OF WHITEVERY	(607 LOT				44
MEDICAL	Hour o.m.	Manth, Day, Ye	While	Not while	roe. Por	ACE OF INJURY (Hor tory, street, office bl	me, tarm, ldg., etc.)	201. (Cit	y or town)	(Coun	ly]	(State)
	21 Longithe the	at Lattended the	decen	ed from Januar	TV 7	2 1958	ta Mar	ch 7	4 19 5	S that I last	corre de	a docomend
	7 4	a maril										
	alive on Marc	11 14	. 19_	20, and that	death	occurred at 41						
	1	210-	1)	JANA	-		A	DDRESS (S	itreet, city or town.	state)		DATE SIGNED
	SIGNATURE	yall -	·X	· Volde		M.D. The Cl	inica	al Ce	nter		3/2	14/58
	,,			//		The Na	tions	al In	stitutes	of Heal	th	
	PHYSICIAN'S NAME (Type)	Robert T.I	Lo	ng M D		Rethes						
22	BURIAL, CREMATION	4, 22b. DATE THERE)F	22c. NAME OF CEME	TERY O	R CREMATORY	12	72d. LOCA	TION (City, town,	or county)	[5]	ate)
r	Transit	3/14/5	3	Memorial				T 03***	iston. Id	loho		
23	FUNERAL DIRECTOR'S			ADDRESS		124	to. REC'D			STRAR'S SIGNA	TURE	
			v-Be	thesda, Md						JINN 3 31014	1	
		- marphage	J 100	viionad, mu	*	D.	ATE MA	R1 8	58 111	- sauce	h	

MINISTRAND STATE DESARTHSHIP DESCRIPTION SANGER DISA

BUREAU V. E.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3487 CERTIFICATE OF DEATH

Reg. Dist. No.

03442

-	PLACE OF DEATH			1 2	ISHAL BESIDENCE	E OA/hara danna	and Council — 16 ShareStores	on Paridan	na hafara	-d-inio-1
	o. COUNTY	ontgomery	D	o. STATE Maryland b. COUNTY Montgomery						
	b. CITY OR TOWN (RURAL ond give of Bethe	If autside carporote limits, writearest tawn) 50.2	e c. LENGTH OF STAY IN 1	b		the sda	parate limits, write R	URAL and g	give neare:	it town)
	d. NAME OF HOSPI	TAL (If not in hospital, give str	eet address)	1	d. STREET ADDRE	SS			e.	IS RESIDENCE
	OR INSTITUTION	8203 Old Geo	orgetown Rd.	1	3203 01	d Geor	getown H	Rd.		ON A FARM?
3.	NAME OF DECEASED	First	Middle		Losi	4. DATE OF	Mor	ith	Day	Year
	(Type or print)	LOUEMMA		AS	HBURN	DEAT	н Mar	ch l	. ,	1958
5.	SEX	6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED] B. D	ATE OF BIRTH		9. AGE (In years	-		UNDER 24 HRS.
	Female	Toffic 2 Acres	OWED DIVORCED		an. 12,	1870	9. AGE (In years signs birthday) yrs.	Manths 8	19	lours Min.
10	during most of war	ON (Give kind of work done king life, even if retired)	0b. KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stole or foreign	country)	12. CIT	IZEN OF	WHAT COUNTRY?
4	Homemake			-	Vir	ginia			U.	S.
13.	FATHER'S NAME			1-	. MOTHER'S MAIL	DEN NAME				
	Lemuel	Ashburn			? ?					
	WAS DECEASED EV	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17	7. INFO	THAME		Add	ress		
611	No or unknown)	(If yes, give war or dates of service)	None 1	Mrs	Rubye I	Bane-Sa	ame Item	#2-D	augh	iter
	IB. CAUSE OF DE	ATH [Enter only one cause po	er line for (o), (b), and (c).]		0		r		INTERV	AL BETWEEN
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Non	~	Theren	hone	. /		ONSET	AND DEATH
	420	DUE TO		1			4			
	Conditions, if	inv. which)	aine - 1	1-0	1. 1.		· lo			
	gove rise to	mmediate Dus to	10,000	5	Still Change	The state of the s		- Company		
	lying couse lost.	the origer-	Saml	1						
z		, 10	S CONTRIBUTING TO DEATH	BUT NO	RELATED TO THE	TERMINAL DISEA	SE CONDITION GI	VEN IN PART	101 19.	WAS AUTOPSY
CERTIFICATION				0						PERFORMED?
CERTIF	OR CONTRIBUTING	AS UNDERLYING () G () CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (E	ster nature of inju	ry in Part 1 ar Pe	art II of item 18.)			
MEDICAL	20c. TIME OF INJUI Hour a.m. p. m.	W	d. INJURY OCCURRED 20e. hile Nat while wark at work	PLACE	OF INJURY (Home, street, office bldg	, form, 20f, (Ci	ty or town)	(0	County)	(Stote)
	21. I certify t	hot I oftended the dec	eased from 5//	18	, 1956, to	muc	K / , 19 N	Xthat I	lost sow	the deceased
	olive on AC	70	-47	oth or	-		om the couses			
			7				Street, city ar town,		ic doic	DATE SIGNED
	ACTUAL	1. 1	1 de	M.D.	8106	Maple	Ridge R	d.	3-1	1-58
	PHYSICIAN'S NAME (Type)	W. C. JOYC	2				aryland			man mang mang mang-apan sama mang mang mang mang mang mang mang m
22		ON, 226. DATE THEREOF	27c. NAME OF CEMETER	Y OR CR	EMATORY	22d. LOC	ATION (City, lown,	or county)		(State)
F	REMOVAL (Specify	3/2/1958	Irfin gton B	apt.	Ch. Cen	1. Irv	ington	1	Virgi	nia
	FUNERAL DIRECTOR		ADDRESS			REC'D BY REGI	STRAR 24b. REGI	STRAR'S SIC	SNATURE	
F	Robert A.	Pumphrey-75	57 Wis. Ave. B	eth.	Md. DAT	MAR 4	'58 Q1	elas	il.	
-										

METAL SHOWING THE PROPERTY OF STATE OF Series de la maia anno entre anno 1. 8361 à 8AM restriction of the first of the first in the first term of the formation of the second of the se MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





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			3489		CERTIF	IC/	TE OF DEATI	Н		Reg. Dist	No. () 344	4
	1 PLACE OF DEATH COUNTY MONIGOMERY MAR						2 USUAL RESIDENCE (W		ed lived If institut b COUNTY			
KTRANSE NA		b. CITY OR TOWN (I	Foutside corporate limits, w	rite c. Li	NGTH OF STAY II	ч 1Ь	c. CITY OR TOWN (If	outside corp	orate limits, write l	RURAL and gi	ve nearest town)	
4		Bethesda	(Rural)		3 days		Washington	n, D.	C.	1.4		4.
,,		OR INSTITUTION	AL (If not in hospital, give		-7		d. STREET ADDRESS			Apt	201 S RESIDENC	E A2
/		U.S.Naval	Hospital, B	ethes	da, Md.		4829 No. 1	Capito	ol St., N	.W.	YES NO	
	3	NAME OF DECEASED	First		Middle		Losi	4. DATE	Mo	nih	Day Year	
		(Type or print)	Pamela		Elaine		BARTH	DEATH	Marc		30 1958	
	5. :		6 COLOR OR RACE 7.				B. DATE OF BIRTH	A=0	9 AGE (In years last birthday)		YEAR IF UNDER 24 H	
		emale	Caucasian WI	DOWED	DIVORCED		March 27, 1		угз		3	
	100	during most of work	IN (Give kind of work done ing life, even if retired)	106. KIND	OF BUSINESS OR	INDUS	TRY 11 BIRTHPLACE (Stote	or foreign	country)	12 CITIZ	EN OF WHAT COUN	NTRY?
	10	None FATHER'S NAME			None		Bethesda	7 1	yland	U	. S. A.	
/	13						14. MOTHER'S MAIDEN					
	16		Ward BARTH	132 -001	AL COOLDINA	1.~	Joan Kat	hleen				
			If yes, give wor or dates of service		AL SECURITY NO	'	IFORMANT	3 1 /			ington, D.	.C.
		No		No		l Jo	an K. LENT (Mo) 43	329 No. C	apital	St. N.W.	
			TH [Enter only one couse	per line for	(a), (b), and (c) }						INTERVAL BETWEEN	
		PART I DEATH WAS CAUSED BY. MMEDIATE CAUSE (a) Respiratory Anoxia 754.5 DUE TO									15 min.	
		Conditions, if or	nmediate	Conge	estive He	art	Failure				Birth	
		cause (a), stating lying cause last.		Conge	enital He	art	Disease				Birth	
2	CERTIFICATION	PART II OTH	ER SIGNIFICANT CONDITION	ONS CONTR	BUTING TO DEAT	H BUT	NOT RELATED TO THE TERM	INAL DISEAS	SE CONDITION GI	VEN IN PART	1(a) 19 WAS AUTOP PERFORMED? YES X NO	3
	CERTIF	20g ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING (1) 206 (CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE	HOW INJURY OC	CURREC	. (Enler noture of injury in	Port I or Po	rt II of item 18.)			
	MEDICAL	20c. TIME OF INJUR	V V	Vhile	Not while	Oe PLA	CE OF INJURY (Home, form ory, street, office bldg, etc	n, 20f. (Cir	y or town)	(Co	unty) (Sto	ote)
	×	p. m		l work 🔲 (=0					
			at I attended the de	ceased fr			, 19 <u>58</u> , ta M				ist saw the dece	
		alive on Mar	ch 30	12.20.,	, and that o	leath	accurred at 1:20				e date stated ob	oave.
		ACTUAL	4 57		1				Street, city or town,	stote)	DATE SIG	~
,		ACTUAL SIGNATURE	& onne	12.	Lell	A	U. S. N	aval I	Hospital		3-31-58	3
		PHYSICIAN'S NAME (Type)	K. W. SELL L	T MC	USNR		Bethesd	a, Mar	ryland			
	22 ₀	BURIAL CREMATION REMOVAL (Specify)	N, 226. DATE THEREOF	22c	NAME OF CEMET	ERY OF			TION (City, fown,	or county)	(State)	
		Burial	4-1-58	For	rt Lincol	n C	emetery	3201 1	Bladensbu	rg Rd.	N.E., Wash	h.DC
	23.	FUNERAL DIRECTOR	AMDERS		ADDRESS			D BY REGIS	1 1 1	STRAR'S SIGN	ATURE	
	_]	W. W. CHAN	BERS CO. 51	7 11t	h St.S.E.	, Wa	sh.,DC DATE A	PR 3	'58 Ul	rhedu	uh	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BREI E ARA

EUREAU V. C.

1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
500 5747	_		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0.3445
FOR STAT		<u> </u>	Reg. Dist. No.
0.0	• • •		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved If institution: Residence before admission) 9. COUNTY 9. STATE 9. COUNTY 1. COUNTY
Pog es.		<u></u>	Maryano Mal prote
THE H		, 10	c CITY OR TOWN (If outs de corporde Limits, write PURAL c LENGTH OF STAY IN 1b c CITY OR TOWN (If auts de corporde limits, write ROKAL and give nearest lawn)
o da			Buck I toly I mo mt luny
80			NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS on A FARM?
The series			YES NO R
Slo ded ded			NAME OF Lost 4. DATE Month Doy Year OF
the The		5. S	Type or print) DEATH DEATH 19 ST 18 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In year) FUNDER 1 YEAR 15 UNDER 24 HAS
Tr of the		J. J	Months Days Hours Min.
1 2 2 3 d	r \	100	16600 Communication of the com
45. 8 g 4	E /	d	USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY 14 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY 13 BIRTHPLACE (State or foreign country) 14 CITIZEN OF WHAT COUNTRY 15 BIRTHPLACE (State or foreign country) 15 CITIZEN OF WHAT COUNTRY 16 BIRTHPLACE (State or foreign country) 16 CITIZEN OF WHAT COUNTRY 17 BIRTHPLACE (State or foreign country) 17 CITIZEN OF WHAT COUNTRY 18 BIRTHPLACE (State or foreign country) 18 BIRTHPLACE (State or foreign country) 19 CITIZEN OF WHAT COUNTRY 19 BIRTHPLACE (State or foreign country) 19 CITIZEN OF WHAT COUNTRY 19 BIRTHPLACE (State or foreign country) 19 CITIZEN OF WHAT COUNTRY 19 BIRTHPLACE (State or foreign country) 19 CITIZEN OF WHAT COUNTRY 19 BIRTHPLACE (State or foreign country) 19 CITIZEN OF WHAT COUNTRY 19 BIRTHPLACE (State or foreign country) 19 CITIZEN OF WHAT COUNTRY 19 BIRTHPLACE (State or foreign country) 19 CITIZEN OF WHAT COUNTRY 19 BIRTHPLACE (State or foreign country) 19 CITIZEN OF WHAT COUNTRY 19 BIRTHPLACE (State or foreign country) 19 CITIZEN OF WHAT COUNTRY 19 BIRTHPLACE (State or foreign country) 19 CITIZEN OF WHAT COUNTRY 19 BIRTHPLACE (State or foreign country) 19 CITIZEN OF WHAT COUNTRY 19 BIRTHPLACE (STATE OR FOREIGN COUNTRY 19 BIRTHPLACE
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P.M.			
hour Pare		15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
5 G G G		[Yes,	No. or unknown) (if yes, give wor or do'es of service) None Mrs Edw. Brown, Mt Airy-Rt 3 Maryland.
in i			18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]
kang Per ond			PART I. DEATH WAS CAUSED BY:
d a sister of the sister of th			DUE TO REMOVE (a) CALCULATION OF THE PURCH WITH
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al E	•	Š	PERFORMED?
dige of		CERTIFIC	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.)
Word Wild			CAUSE OF DEATH.
short		MEDICAL	20c, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20c, PLACE OF INJURY (Home, farm, 20f (City or lawn) (County) (Stote)
NEW THE STATE OF T		WED	Hour a, m While Nat while toctory, street, office bidg., etc.) p. m. 19 at work of wark
Page Pring			21. Fcertify that I took charge of the remains described above, held an Autopsy 🔲, Inspection 💢, Inquiry 💢, and in my
EX Ped			opinion death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner
CTC CTC			
P R P P P P P P P P P P P P P P P P P P			SIGNATURE Trank 1. Susations MD CHIEF MEDICAL EXAMINER [] DATE SIGNED
Mi All A			EXAMINER'S TO A SSISTANT MEDICAL EXAMINER [] MAN 20 19 50
GER T			NAME (Type) FAA NIK J. 13803Charx DEPUTY MEDICAL EXAMINER & 1100 20 1138
S S S S S S S S S S S S S S S S S S S		270	BURIAL CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Slote)
0 0 0 0			Burial March 25-58 Mt Olivet Repeated Pa
VS A15ME		23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS
5M 2,57		L	William B. Hilley, Barnewill, My DATE 100 1 educh

EURLAU V. S.

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ME WIE DE !!

03448 3491 **CERTIFICATE OF DEATH** Reg. Dist. No. 215 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY o STATE b. COUNTY MARYLAND moula b. CITY OR TOWN (If outside corporate limits, while c. LENGTH OF STAY IN 16 c. CITY OR TOWN(II) outside corporate limits, write RURAL and give negrest town; RURAL and give negrest town) pina Bolhanda d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION 9 YES NO TO NAME OF First Middle 4. DATE Month Day Yeor DECEASED BYRON SMITH BEAL 1958 (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 9. AGE (In years lost birthday) 5. SEX B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS WIDOWED [7] DIVORCED [10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most affiworking life, even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN Address 114 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO TO 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, | 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o.m While Not while at work at work p. m 1958 21. I certify that I attended the deceased fram. 31, 19.58, that I last saw the deceased M, from the causes and an the date stated above. and that death accurred at..... ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL SIGNATURE 4630 PHYSICIAN'S CCAL NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Bürial Rockville, Maryland Parklawn 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REGISTINAR'S SIGNATURE 240. REC'D BY REGISTRAR Robert A. Pumphrey-Bethesda, Maryland VS A15 (4) 15M 9/55 DATE APR 3

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

director

HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

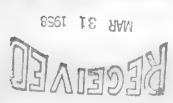


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BUREAU Y, S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU & &



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) a. COUNTY b. COUNTY files. Health, MARYLAND b. CITY OR TOWN (If ou c. CITY OR TOWN (If pulside corporale I mils, write RURAL and give Accrest town) c. LENGTH OF STAY IN 16 our of MAN e. IS RE IDEN E OR INSTITUTION (if not in hospital, give street address) & STREET ADDRESS d. NAME OF HOSPITAL ON A FARM? YES NO K e State B 3. NAME OF Middle Month DECEASED DEATH 1958 (Type or print) 9 AGE In years NEVER MARRIED A 8. DATE OF BIRTH 5. SEX 7. MARRIED IF UNDER TYPAR IF UNDER 24 HRS fort birthday) Months Dovs WIDOWED [DIYORCED T 4 2 P 1, 2, Page 5 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDENHYAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office DUE TO Conditions, if any, which) gave rise to immediate cause DUE TO (a), stoting the underlying couse lost. PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20 20d INJURY OCCURRED | 20e. PLACE OF INSURY (Home, form, | 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stole) factory, street, office bldg , etc.) While Not while at work at wark 1131 2 17 . p. m 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry 🔣. and in my apinion death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER FUNER DEPUTY MEDICAL EXAMINER 17 NAME (Type) 220. BLRIAL CREMATION 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Cemetery Rocl ADDRESS 23 FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAN VS A15ME Bethesda, Maryland DATE 5M 2/57

envern k. g

DECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03450 **CERTIFICATE OF DEATH** 3454 Rea, Dist. No. I director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) O.FCOUNT a STATE COUNTY MARYLAND deoth. b. CITY OR TOWN (If outside corporate limits, write AFNGTH OF STAY IN 16 c CITY QR/TOWN (If outside corporate limits, write RURAL and give neared town) RURAL and the nearest town) Ď d. NAME OF, HOSPITAL (If not in hospital, give street address d. STREET ADDRESS e, IS RESIDENCE OF INSTITUTION. ON A FARMS YES NO NAME OF Middle DATE First Lost Month Year DECEASED OF (Type or print) DEATH 19 4 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9 AGE (In years DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS lgst kirthdoy) Months Days Hours DIVORCED [7] WIDOWED | yrs USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of wacking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician remave 15 WAS DECEASED EVER IN U. ARMED FORCES? Address g, 18. CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO F 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Slote) factory, street, office bldg., etc.) Hour D. m. While Not while p, m. of work of work 3(19.58, that I last saw the deceased 21. I certify that I attended the deceased fram@ , and that death accurred at 2.4 M. from the causes and on the date stated above. alive on/ ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATUR PHYSICIAN'S (12ms NAME (Type) 226 DATE THEREOF 22g. BURIAL, CREMATION, 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) pode REMOVAL (Specify) 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57

DECEIVED APA

BUREAU V. S.

SPITAL OR ATTENDING PHYSICIAN: The taw requires that the death certificate be executed within 24 hours ofter death. Page 1
be retained by the haspital as attending physician
VERAL DIFF (OR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,
3 shaulddetached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2, Juld be filed with
gistrar priar ta burial, cremation, ar removal, and in any event within 72 haurs affer death.

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

03451

	3495	OEK III IC	AIL OI DEAIII	Reg. Dis	t. No.
1. PLACE OF DEATH COUNTY	ontgomery	MARYLAND	2 USUAL RESIDENCE (Where decea	E COUNTY	e before admission] OI.1ery
RURAL and give no	f outs de corporate limits, write corest lown) thesda.	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside cor	•	ive neorest town)
d. NAME OF HOSPIT OR INSTITUTION	Al (If not in hospital, give stri Suburba	n nospital	d. STREET ADDRESS	Drive	ON A FARM?
3. NAME OF DECEASED (Type or print)	Milliam	Middle H	tost 4. DATE OF OF DEAT	(1707)1117	Doy Yeor 31 1958
5. sex Lale	49 B 1	ARRIED T NEVER MARRIED DOWED DIVORCED	8 DATE OF BIRTH June 15, 1906	9. AGE (In years IF UNDER I	YEAR IF UNDER 24 HRS Doys Hours Min
during most of worl	ung life, even it refired	ob KIND OF BUSINESS OR IND	USTRY 11 BIRTHPLACE (State or foreign	country 12. CITI	ZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
WAS DECEASED EVE	AM BR	1947 SR	Bell	BLA / A	2
(Yes, no, or unknown)	(II yes, give wor or doles of service)	10. SOCIAL SECURITI NO.	KITAMAN	Address	
	ITH [Enter only one couse pe TH WAS CAUSED BY: IMMEDIATE CAUSE (o)(~H	ceulusion		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if or		blowwood diste	usion - pavoly T	ticileus-	6 do ep
couse (o), stating lying couse lost.	the under DUE TO (c)	post cholec			6 doups
ž	HER SIGNIFICANT CONDITION	VS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEA	ASE CONDITION GIVEN IN PART	1(o) 19 WAS AUTOPSY PERFORMED? YES NO
U (IF EITHER, NOTIFY	S UNDERLYING [] 206. [CAUSE OF DEATH MEDICAL EXAMINER]	DESCRIBE HOW INJURY OCCURE	ED. (Enter noture of injury in Port I or P	art II of item 18.)	
20c. TIME OF INJUR	Whomith Doy, Year 200	I. INJURY OCCURRED 20e. I iile Not while work of work	LACE OF INJURY (Home, form, 20f. (Coctory, street, office bldg., etc.)	ity or town) (Co	ounty) (Slate)
21. I certify the	at 1 attended the dece March 3/, 19			om the causes and an th	ost saw the decease e date stated abov
ACTUAL SIGNATURE	James HSc	elly	M.D. 1835 Ege	(Street, city or town, state) 5 + NW -	DATE SIGNE
PHYSICIAN'S NAME (Type)	TAMES H	Soully	We	seleupten,	D. C.
BEHOVAL (Specify)	N. 226 DATE THEREOF 4-3-58	Rock Cre	OR CREMATORY 22d LOC BOOK W. 2	Ation (City, town, or county) ashington D.C	(Stote)
23. FUNERAL DIRECTOR		ADDRESS I	240 REC'D BY REGI		NATURE

DECEIVED

E LIVERU V. S.

03452

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived | If institution: Residence before admission) b. COUNTY Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Spencerville . IS RESIDENCE ON A FARM? YES NO X Month Day Year 21 March -58 19 IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years last birthday) Months Days 12 CITIZEN OF WHAT COUNTRY? U.S.A. Address INTERVAL BETWEEN ONSET AND DEATH 2 days 9 days vears PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO TO (County) (State)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18

DATE SIGNED

19 58 that I last saw the deceased and that death accurred at 2:45 pM, from the causes and an the date stated above.

> 22d. LOCATION (City, town, or county) Carmel -Mont. Md.

(State)

Laytonsville .Md.

24g. REC'D BY REGISTRAR DATE

24b, REGISTRAR'S SIGNATURE t-educe to



. '8 .V LASHUS

1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
\$ 2 ° °			MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03453
should remati			PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Resident COUNTY) 2. STATE 3. COUNTY	
ge 4	7	-	D. CITY OR TOWN (If outside corporate limits, write RURAL ond give nected form) C. LITY OR TOWN (If outside corporate limits, write RURAL and ond give nected form)	give placest lown)
Paç bur	. 101		Takumo Park Wheaton	*
is ne	1	1 '	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) /d. STREET ADDRESS Washington Sanitarium & Hosp, 1405 Windham Lance	ON A FARM?
deloy rat dii or file itror p	,	3.	NAME OF First Middle Ast 4. DATE Month	Day Year
fune fune ir you			(Type or print) MQRCIQ Michele, QURGER DEATH 3	8 1958
h. If o the ned fo			, in the second	YEAR IF UNDER 24 HRS. Days Hours Min.
er deot ond 3 t e retail	p.)	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ during most of working life, even if retired)	TEN OF WHAT COUNTRY?
s 1, 2, is moy b	1	13.	MR. Robert Mercer Burger Abbott	776767626
in II4 ho ve Poge Poge 5 File pog		15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT I no. or unknown) (II yes, give wor or dejes of service) MR. Robert Burgary - 14054	Mindham La
MAG.			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
m 18 orm 1			PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Maping	12 min 1
in Ite	1		Conditions, if ony, which) (b) I Anthus - aspirated	
encil ang v			gave rise to immediate couse (a), stating the underlying DUE TO	
sho in p		7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	
ficote ing: Office ed on		ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART	PERFORMED?
certii "pend niner's		CERTIFIC	200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	
Yord Fxan Fxan hould	_	I .	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, Corn, 20f. (City or town) (Cour Hour o, m. White Not while factory, street, office bldg., etc.)	
the the dicot	15	MEDICAL	Hour o. m. White Not white factory, street, office bldg., etc.) p. m. 19 of work of work	
XAN iting f Me				, ond find that
Chie			deoth resulted from: Natural couses 🔲, Accident 🔀, Suicide 🔲, Homicide 🔲, Undetermined couse 🗍.	
ED STREET			SIGNATURE FROM D. BASE HOLF M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
the cer arded a VERAL			EXAMINER'S FLANK J. BLUSCH 2 N. DEPUTY MEDICAL EXAMINER 3-9	-28
cute 15 forward O FUNIO		220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county)	(Stote)
110 11514		23.	FUNERAL DIRECTOR'S SIGNATURE 1/1. ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGN	NATURE
VS. A15ME(5) 5M 9/55			C. E. Cline & Son F. rederick- Ind. DATE MAR 1 4 '58 Oct.	-1

Fran



8291 P. PAM

BUREAU V, &

July 1

3497	CERTIFICATE	OF	DEATH
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00 1 T 1

		2437	AIL OI DEAIN	Reg. Dist. No. 113434					
)	1. P	ACCE OF DEATH COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased in	b COUNTY Montgom	ery			
	Ь	RURAL and give neorest lown) Kensington	10 Months	c. CITY OR TOWN (If outside corpored Kensington	e limits, write RURAL and give nea	irest town)			
3	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 10231 Carroll Place			d. STREET ADDRESS 10231 Carroll	rroll Place e. 15 RESIDENCE ON A FARM? YES 1 NO 1				
	D	NAME OF DECEASED HILLEARY	THO.41AS	BURROUS 4. DATE OF DEATH	Month Dog 114RCH 16	y Yeor			
1		Male White WIDOW	DIVORCED 🔲	Mar. 22, 1867	AGE (In years IF UNDER I YEAR lear birthdoy) yrs. Months Days	Hours Min.			
1	Co	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) on struction—Concrete		Washington, D.		F WHAT COUNTRY			
		Proverb Lur		Emily Queen					
	[Yes.	WAS DECEASED EYER IN U. S. ARMED FORCES? 16, no. or unknown) (If yes, give war or dates of service)		NFORMANT Daughter s.Nellie Morrison	Address Bethes	da, Md.			
4,	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: 1420. / DUE TO Conditions, if ony, which gove rise to immediate cause (o). Industrial by the properties of immediate cause (o). Conditions, if ony, which gove rise to immediate cause (o). Industrial by the properties of the pro								
	MEDIC	Hoer o. jr. p. m. 19 While of wor	k ot work	ACE OF INJURY (Home, farm, 20f. (City or clory, street, office bldg., etc.)		(Stote)			
1		21. I certify that I attended the decease alive on AIARS HOLD, 19.5 ACTUAL SIGNATURE	and that death	occurred at 7:15 AM, from 1					
	72 0.	PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specific) BURIAL (Specific)	22c NAME OF CEMETERY O	R CREMATORY 1224. LOCATIO	CHASE ALCH IN (City, town, or county)	(Stote)			
		REMOVAL (Specify) Burial 3/18/58	Cedar Hill	Sui	tlard. Baryla	nd			
		FUNERAL DIRECTOR'S SIGNATURE	24a. REC'D BY REGISTRA	R 246. REGISTRAR'S SIGNATUR					
	D	of out 1 Dumphyor	inthonds .	innit and we siend a s	rol ()	£			

the funeral director, nould be filed with may be retained by the hospital ar attending physician.

TO FUNERAL D. FOR: After this certificate has been signed by the attending physician and campletely filled in b page 3 shaula be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the registrar prior to burial, crematian, or remayal, and in any event within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4 VS A15 (4) 15M 9/55

WAR 18 1959

BUREAU V. S.

after

15M 10/57



BUREAU V. E.

8361 88 AAM

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3499 **CERTIFICATE OF DEATH** Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived I institution, Residence before admission) a. COUNTY b. COUNTY be filed MARYLAND District of Montgomery Columbi b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) Hethesda days Washington d. NAME OF HOSPITAL (If not in hospital, give street oddress) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? YES NO DA 5830 Livingston Road The Clinical Center, Bethesda U. 4. DATE NAME OF Middle Year DECEASED DEATH (Type or print) 1958 Fdward Joseph Cadel 1 March 9 AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH Months Days DIVORCED [7] WIDOWED TT March li. yrs Male 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Engineering Marvland Engineer 14. MOTHER'S MAIDEN NAME offer 13 FATHER'S NAME William Cadell Alice Pyles 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Address The Clinical Center, Bethesda 14. No None 18. CAUSE OF DEATH [Enter only one cause per line for-(p), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES 😱 NO 🗀 20g ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (Slate) factory, street, affice bldg., etc.) Hour a.m. While Nat while at wark 🗍 ot wark 21. I certify that I attended the deceased from Fobruary 12, 19 58, to March 12, 19 58, that I last saw the deceased and that death accurred at 2:35 PM, from the causes and on the date stated above ADDRESS (Street, city or fown, state) ACTUAL SIGNATURE The Clinical Center National Institutes of Health Robert E. Edgar, M. D. NAME (Type) Bethesda lu. Maryland the regi 220 BUR AL. CREMATION, 226 DATE THEREOF 22C-NAME OF CEMETERY OF CREMATORY 22d DCATION (CV) town, or cayiny) (Stote) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) DATE 15M 10/S7

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X) 1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH' DEPT	35 10 Ttem 9 FilmG227 3-31-58 at Reg. Dist. No. 217
28 2	O. COUNTY
e in Personal Persona	MONTGOMERY MARYLAND MARYLAND MASHINGTON, D. C. COTY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BETHESDA One (1) days
See	d. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street address) d STREET ADDRESS e 15 RECIDENCE
2 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	U.S. NAVAL HOSPITAL, NNMC, BETHESDA, MD. 4700 Conn. ave., N.W.
oy in nine nine nine ote ote	3. NAME OF First Middle Lost 4. DATE Month Day Year
de Stere	OF Malcolm Whitfield CALLAHAN DEATH March 16 19 58
any o th o th th th th afte	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE JIN YEAR IF UNDER 24 HR
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1 2 2 d	UNITED STATES NAVY Naval Officer TENNESSEE U.S.A.
9 8 5 8	13. FATHER'S MAME
Pog Pog Pog	Perry C. Callahan Catherine HOWARD
File Year	15. WAS DECEASED EYER IN U. S. ARMED FORCES? [You no, or unknown] [If yes, give war or dots of service] Address
	Yes WWI and WW-II Unknown Official Navy Records
will ng v mg v mg v	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWAFFN CINSET AND DEATH
Tie de la company de la compan	PART I DEATH WAS CAUSED BY: In uchia? A thes - Fullouit, Collysoms
A over	8/6 × DUE TO
encipe de la company de la com	Conditions, if ony, which to Filmonar, arterios lerosis -Fibrou. pie ir s -
o più	(e), stoting the underlying PUE TO Fracture of left clavicle, left 3rd & left 7th ribs -
shound and a second	couse foit. (c) with hematoma left clavicular region. PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o))? WAS AUTOPSY
ad a fix	onfluent extensive lobular pneumonia - Cerebral hemorrhage PERFORMED?
i per	Vecebral Euria - hypertention - cardiomagly YES V NO 1 200. EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of Islam 18)
Med by d by ind.	206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part Lar Peri II at Item 18) Vas pas anger in taxi which was struck bear our car.
Thus hour bur	
##5°	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20th (City or town) (Caunty) (State) Haur a m 3-14- 1958 of work of
Minimizer of the prior	21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and in m
A de	opinion death resulted fram: Natural causes [], Accident A. Suicide [], Homicide [], Undetermined manner []
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OF THE PERSON OF	SIGNATURE Trank & BATTLEFORM M.D. CHIEF MEDICAL EXAMINER (
duo duo	ASSISTANT MEDICAL EXAMINER 3-10-90
TTY e th id k ERA desi	RAME (Type) Frank J. BROSCHART, MD DEPUTY MED CAL EXAMINER
Thought and the second	270 BURIAL, CREMATION 276 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State)
0 2 4 0 9	BURIAL 3-19-58 ARLINGTON NATIONAL ARLINGTON VIRGINIA
VS. ATSME	23 FUNTERAL DIRECTOR & GNATURE CONTROL OF STREET 246. REGISTRAR'S SIGNATURE
5M 2/57	JOSEPH GAWLER'S SONS INC. 91756 Peyin. Ave , WDC DATE MAR 1-8 58
	MAR 1 0 30 CCO TP 2 200

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Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **b.** COUNTY Montgomery Marvland Montgomerv b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town! days Silver Spring Olney d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Montgomery County General Hospital. Inc 15811 Good Hone Road YES NO TO NAME OF First Middle 4. DATE Lost Day Year DECEASED (Type or print) Pevton Enoch Campbell DEATH March 1958 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthday) Months Davs Hours Mirs. WIDOWED T DIVORCED | 12.26.87 Male Negro yes. 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b KIND OF 8USINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Produce haller USA Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Campbell Mary Brown 35. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address hospital records IB. CAUSE OF DEATH | Enter only one cause per ling for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (State) foctory, street, office bldg., etc.) 0. 61. While Not while at work at work p. m. 21. I certify that I attended the deceased from 19 Sanhat I last saw the deceased alive on S and that death occurred at 8:25 DM, from the causes and on the date stated above ADDRESS_Istreet, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Bird. M. D., Sandy Spring, Maryland 22b. DATE THEREOF 220. BURIAL CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) RESIDYAL (Specify) Spencerville, Md. Round Oak. 23. FUNERAL/DIRECTOR'S AIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Rookville. Ma. 144D 0 0 158



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VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

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H	1. PLACE OF DEATH				2		DENCE (WI	era decease	d lived If institut	ion: Reside	ance before	re admiss	ion)
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	OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		d STREET		.,					FARM?
	R.F.D.	# 3 Mt.	Air	Ţ.		R.	F.D.	# 3	Mt. A1	ry		YES [NO)[
	3. NAME OF DECEASED	Fin		Middle		to	11	4. DATE	Мо	nth	Do	y	Yeor
	(Type or print)	N	eal	prò-	Cart	er		DEATH	Marc	h 9			1958
	5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRI	ED B.	ATE OF BIRT	Н		9. AGE (in years lost birthday)		R I YEAR		
	Male	White	WIDOW	ED DIVORCE	D X No	V. 24	+. 18	66	91 yrs.	Months	Doys	Hours	Min.
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4	13. FATHER'S NAME					MOTHER'S	MAIDEN N	IAME					
		Albert Ca				Luc	y Ut	terba	ack				
	15. WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17. INFO	RMANT			Ado	lress.			
	Yes 1	898 9 1901		None	M	s Jos	eph	Tramm	nell. M	t. A	iry.	Md	
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (a), (b), and (c).	V	1						RVAL BE	
	PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	· ().	entrel.	Ken	make	Val.				1 /	CHLI	DEATH
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	lying couse lost.) (c)											
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	PART II. OTH 200 ACCIDENT WA OR CONTRIBUTING III EITHER, NOTIFY	S UNDERLYING	20b DES	CRIBE HOW INJURY O	CCURRED.	Enter nature (of injury in l	Port I or Por	1 II of item 18)				
		CAUSE OF DEATH MEDICAL EXAMINER)											
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	NAME (Type)	James P.		rr		D:	amasc	u3,	i'd.				
	220 BURIAL, CREMATIO REMOVAL (Specify)	N, 225. DATE THEREO	F	22c. NAME OF CEM	ETERY OR C	REMATORY		22d. LOCA	TION (City, town,	or county)		(Stot	•)
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	23 FUNERAL DIRECTOR	1 7 7/	the	ADDRESS	scus,	ма	24a. REG	DAY REGIS	TRAR 246 REG	STRAR'S S	. 7		
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DI	AME OF CEASED (pe or print)	CHARLES		EARL EARL	(CASTLE		4. DATE OF DEATH	Mo M A	nth RCH	Day 4	Ye.	58
5. SE	x M	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED ED DIVORCED		1-3-19	006		9. AGE (In years last birthday) 52 yrs.	Months		Hours	
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_	HARLES	CASTLE				4. MOTHER'S M. ANNIE							
15. W (Yes, r	AS DECEASED EVI	ER IN U. S. ARMED FOR (If yes, give war or defea of s		50CIAL SECURITY NO. 77-01-2995	Mr s		es	A Cas	tle, 801 Tako	5 Bar:	ron S Md		
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	BURIAL, CREMATIC REMOVAL Specify	3/6/58)F	Pt. Lincoln	RY OR CE	ematory stery		nd loca Princ	TION (City, toyk,	or county)	Md.	(Stote)	
7	INERAL DIRECTOR		c.17	56 Pa. Ave.	N.W.	ma		P BY REGIST	758 246 REG	STRAR'S SI	GNATURE		

DATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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24 hours after Sive Pages 1 farm PM3.



(State)

ACTUAL SIGNATURE

PHYSICIAN'S

NAME (Type)

22b. DATE THEREOF

W. Montgomery Ave.

22d. LOCATION (City, town, or county)

22a. BURIAL CREMATION, REMOVAL (Specify)

Parklawn

22c. NAME OF CEMETERY OR CREMATORY

Bethesda, Maryland

24a, REC'D BY REGISTRAR

Rockville, Maryland 24b_REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrev **ADDRESS**

¹58 DATE MAR 7

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3457 **CERTIFICATE OF DEATH** PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. countyontgomery Filed Maryland MARYLAND Montgomerv after death. by CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest town] RURAL and give negrest town) D Silver Spring Takoma Park d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS 10221 Douglas Avenue Washington Sanitarium & Hospita NAME OF DECEASED Middle 4. DATE Month OF DEATH (Type or print) Nicholas Chumas March 5. SEX 6 COLOR OR RACE 7. MARRIED THEYER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) white DIVORCED [7] 60 male WIDOWED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most af working life, even if retired) Retired - Clerk Greece 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME hayrs after Chumas Mary -Zinon 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Hospital Records -Takoma Park. Md. 78-30-1609 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which ! gave rise to immediate **DUE TO** cattse (a), stating the underlying cause last EART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 119. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 28b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or lawn) 20d, INJURY OCCURRED Day, Year factory, street, affice bldg., etc. Hour a.m. Not while at work at wark 21. I certify that I attended the deceased fram. . 19 5 5 that I last saw the deceased 9.25AM, fram the causes and an the date stated abave. , and that death occurred at_ ADDRESS (Street, city or town, state) ACTUAL SIGNATURE

TO HOSPITAL FUNERAL Page 3 shaw PHYSICIAN SON NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page REMOVAL (Specify) Glenwood Cemetery Washington, Burisl 9 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR . H. Hines Co. Washington. D. C.

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E IS RESIDENCE ON A FARM?

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Rea. Dist. No

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IF UNDER 1 YEAR IF UNDER 24 HRS

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be retained by the haspital ar ottending physician.	TO FUNERAL PLECTOR: After this certificate has been signed by the attending physician and completely filled in harbe funeral directary.	page 3 show , detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and thould be filed with	1
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MARYLAND	STATE	DEPARTMENT	OF HE	ALTH-	BALTIMO)RE, 18

35 95 CERTIFICATE OF DEATH

Reg. Dist. No. (13464

	PLACE OF DEATH	Montgomery	MARYLAND	2. USUAL RESIDENCE (W Virginia	/here decease	P COUNTY	on: Residence	e before o	dmission)
	b CITY OR TOWN (I RURAL and give no	f outside corporate limits, write sorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpo	orate limits, write R	URAL and gr	ve neorest	town) F
$\overline{}$	<u>Bethesda</u>		67 days	Arlington					
d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d STREET ADDRESS									S RESIDENCE ON A FARM?
	The Clinic	cal Center, Beth	nesda III, Md.	5000 Willi	lamsbur	g Boulev	ard	YE	ES NO X
	NAME OF DECEASED	First	Middle	Lost	4. DATE	Mon	th	Day	Yeor
	(Type or print)	Ana	Jacque	Clark	OF DEATH		rch	22	1958
5. :	SEX	6. COLOR OR RACE 7. MARS	HED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy) 51. yrs.		-	UNDER 24 HRS.
	Female	White wipowi	DIVORCED .	August 24, 1	L906	51 yn.	Monins	Doys Ho	ours Min.
1	during most of work	ON (Give kind of work done 10b. king life even if retired) ative Supervisor		· ·	•	country)	12. CITIZ	U. S	VHAT COUNTRY?
	FATHER'S NAME			14 MOTHER'S MAIDEN	NAME				
	William W.	Culbertson		Fannie I	Geel				
15.	WAS DECEASED EVE	RINU S. ARMED FORCES? 16	SOCIAL SECURITY NO 17. I	NFORMANTThe Med	iical F	Record Add	réss		
(TE	No or whinawn)	jif yes, give war at dates of service)	ascertainable	The Clinical				. Mai	rvland
F	18. CAUSE OF DEA	ATH [Enter only one couse per in	ne for (a), (b) and (c)]					LINTERV	AL BETWEEN
	PART I DEA	TH WAS CAUSED BY Ade:	nocarcinoma of	the right by	reast v	with		I ye	AND DEATH
	1 · x	DUE TO me to	astases to abd	ominal and th	noracio	organs.			
	Conditions, if or		ateral pleural					7 3	weeks
	gove rise to it	mmediate (-			<u> </u>			
	couse (a), stating lying couse lost.	The Under- I	lectasis, left	lung					
Z	PART II OTH	IER SIGNIFICANT CONDITIONS			AINAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19 V	VAS AUTOPSY
Į.			•						ERFORMED?
CERTIFICAT	200. ACCIDENT WA	S UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in	Port I or Par	t II of item 18)			<u> </u>
	(IF EITHER, NOTIFY	S UNDERLYING 20b. DESC CAUSE OF DEATH MEDICAL EXAMINER)							
3	20c. TIME OF INJUR			ACE OF INJURY (Home, for	m, 20f (Cit)	y or town)	(Co	ounty)	(State)
MEDICAL	Hour a.m.	19 While of wor	Not white	ctary, street, office bidg , el	(c.)				
		at I attended the deceas	ed from January	11. 19 58 to 1	March 2	22 1958	that I Is	nst snw	the deceased
			8, and that death						
		_				Ireal, city or town,		e duie :	DATE SIGNED
	ACTUAL SIGNATURE	E Dwank Cu.	Struce.	M.D. The Clini	ical Ce	enter			3-23-58
				National	Instit	tutes of	Health	1	hartelank I.a.
	PHYSICIAN'S NAME (Type)	Edward W. Moore	8, M. D.	Bethesda	14, Ma	aryland			
220		N, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d LOCA	TION (City, town, o	or county)		(Stote)
	Burial & Re		Bagdad Cem	et.erv	Bar	dad	Ke	entuc	kv
23	FUNERAL DIRECTOR	S SIGNATURE			D BY REGIS	TRAR 245 PEG S	TRAR'S SIGI		
A.	rington F	orthor free ireason.	Arlington 3. V		MAR 2 6	'58 \	المعايدا	uch!	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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a. IS RESIDENCE

ON A FARM

YES NO

Year

19 5

Rea. Dist. No.

Months

m/gomor

IF UNDER 1 YEAR IF UNDER 24 HRS

Hauri

INTERVAL BETWEEN ONSET AND DEATH

> PERPORMED? NO [

> > (State)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

EUREAU V. S.

8391 11 AAY.

death certificate

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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BUREAU V. F

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 a3468**CERTIFICATE OF DEATH** 3508 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) filed w o. COUNTY b. COUNTY 132 CUTY OR TOWN (If outside/corporate limits, write LALENGTH OF STAY IN 15 c. CITY OR TOWN (If outlide corporate limits, write RURAL and give negrest lown) RURAL and give nearest Vewn NAME OF HOSPITAL UF not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE YES 🔲 NO 🔼 NAME OF DECEASED Middle 4. DATE Month Yeor OF DEATH (Type or print) 6. COLOR OR RACE S SEX MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) completel Months Doys Hours and comprise of death. Min. DIVORCED [WIDOWED W 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY | 11 PARTHPLACE (Stole or foreign country) 17 CITIZEN OF WHAT COUNTRY? E during most of working life, even if retired) 13. FATHER'S NAME offer 14. MOTHER'S MAIDEN NAME physician mmu 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address aftending "ho-18. CAUSE OF DEATH [Enter only one couse per line for to]. (b), and (c). INTERVAL BETWEEN AND DEA PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ģ Conditions, if ony, which Bued gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHERSTONIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOS RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? burnal YES NO 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, | 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) Hour o.m While Not while at work at work 21. I certify that I attended the deceased from 1924, that I last saw the deceased alive on and that death accurred at DM, from the causes and an the date stated above. CTOR: ACTUAL SIGNATURE FUNERAL Page 3 shou PHYSICIAN'S NAME (Type) HOSPE 220- BURIAL, CREMATION. 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town or county) pode ó REMOVAL (Specify) 0 23. FUMERAL DIRECTOR'S SIGNATURE 246 OF GISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR DATE TAD O O JEQ

VS A1S (4) 15M 9/55

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BUREAU V. S.

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Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ROCKYILLE d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION CONTRESSIONAL MANOR Sanitarium 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER M)
OR INSTITUTION CONGTESSIONAL Manor Sanitarium State	
DECEASED [Type or print] THERESA M. COONEY OF ATM MARCH 20. IS DATE OF BIRTH Female White Widowed Divorced 12/31/1878 There is no print 12/31/1878	ARM2
Female White WIDOWED SEPANCES 12/31/1878 To USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Milwaukee, Wisconsin USA 13. FATHER'S NAME William Cooney Is was decased ever in u. S. Armed Forces? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no or unknown) (If yes, give were or date of vertice) Mrs. Betty Duffy, 3201 19th St., N.W., D.	£ Q
Address No.W., D. III. CAUSE Of DEATH (Enter only one couse per line for to), (b), and (c).	Min
William Cooney Is was deceased ever in u.s. armed forces? 16. Social security no News. Betty Duffy, 3201 19th St., N.W., D. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	OUNTRY?
MTS. BETTY DULLTY, JECT 17 DV. No. 110. 10. 10. 10. 10. 10. 10. 10. 10. 1	
D C A E I 110. SAUSE OF MEATE 1 Enjoy die couse per line for (o), (b), and (c), () .
HAMEDIATE CAUSE A Conditions, if any, which gove rise to immediate couse (a), stating the under to DUE TO DUE TO	ZEEN EATH
Ving cause last. (c) V PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AI PERFOR YES	VED?
20b. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enler noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while of work of w	(Stote)
21. I certify that I attended the deceased from 1956, to 1960, that I last saw the date stated alive an 1956, and that death accurred at 1960, M, from the causes and on the date stated ADDRESS (Street, city or the matter) ACTUAL TABLESS (Street, city or the matter) ACTUAL TABLESS (Street, city or the matter)	above.
PHYSICIAN'S FRANCIS P. HANNAN, M.D. Hashington 6 De	
220. BURIAL, CREMATION, 22b, DATE THEREOF 3/22/58 22c. NAME OF CEMETERY OR CREMATORY Calvary Cometery 22d. LOCATION (City, town, or county) (Stote) All Waukee, Wisconsin	
VS A15 (4) 15M 9755 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 44 Y 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE MAR 2 1 '58 OATE MAR 2 1 '58	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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00 3	Keg. UI	it. No.
PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution Residence, STATE b. COUNTY	ce before admission)
Montgomery MARYLAND	Maryland Montgome	rv
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and a	give nearest town)
Bethesda	X Bethesda	
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO K
4714 Chestnut Street	# 4714 Chestnut Street	I III NO LI
NAME OF First Middle DECEASED (Type or print) MARGARET G. CRAI	GO 4. DATE Month OF DEATH March 10.	1958 19
SEX 6. COLOR OR RACE 7. MARRIED TNEVER MARRIED	B DATE OF BIRTH 9. AGE (In years IF UNDER	TYEAR IF UNDER 24 HRS
Female White WIDOWED DIVORCED	Feb. 11, 1903 55 yrs. Manths	Doys Hours Min
Ou USUAL OCCUPATION (Give kind of work dane 106 KIND OF BUSINESS OR INDU- during most of working life, even if retired)	JSTRY 11 BIRTHPLACE (Slote or foreign country) 12 CIT	IZEN OF WHAT COUNTR
Housewife Own Home	Pennsylvania U	ISA
FATHER'S NAME	14. MOTHER'S MAIDEN NAME	LJEX.
Alfred Hunter	Margaret Buchheit	
Yes, no or unknown) (If yes, give wor or dates of service)	INFORMANT Address	
No 578-20-3289 A	rthur E. Crago-Item # 2	
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Bronchopneumoni	a. terminal	ONSET AND DEATH
DUE TO		
Carcinomatosis.	peritoneal	3 months
Conditions, if any, which (b)		
couse (o), sloting the under. DUE TO Concinoms of 11:	VAT	l year
191ng couse tost.) (c)		
Pair II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	1 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 2
PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO ACCIDENT WAS UNDERLYING TO COURSE OF DEATH TO ACCIDENT WAS UNDERLYING TO DEATH BUT TO THE COURSE OF DEATH TO ACCIDENT WAS UNDERLYING TO THE COURSE OF	ED. (Enter noture of injury in Port I or Part II of item 18.)	
	LACE OF INJURY (Home, form, 20f. (City or town)	County) (Stote)
Hour a.m. While Not while	oclory, street, office bidg., etc.)	mental (21016)
p. m. 19 of work of work		
21. I certify that I attended the deceased from August ?	1951 to March 10 1958 that 1	last saw the decease
	h accurred at 1110 AM, from the causes and on the	
	ADDRESS (Street, city or town, stote)	DATE SIGN
SIGNATURE Conf. J. Cingle	MO 5009 Del Lay an Buches	de hol 3/1
PHYSICIAN'S Robert G. Angle - 5009 De	elRay Ave., Bethesda, Md.	
20. BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY C		(State)
Drial 3/12/58 Arlington Appress ignature Appress	Nationaldo. REC'D BY REGISTRAR 246 REGISTRAR'S SIE	waton a
Robert A. Pumphrey-Bethesda.Md.	DATE MAR 1 2 '58 ()	uch

TO HOLITAL OR ATTENDING PHYSICENS: The faw requires that the death certificate be searched within 24 hours ofter desthin Page,4 e funeral director, ould be filed with may be retained by the hospital or ottending physician.

TO FUNERAL PLACTOR: After this certificate has been signed by the ottending physician and completely filled in the page 3 shau the detached for use as the burial-transit permit. Then please remove carbon papers. Pages 3 and the registror prior to burial, cremation, or remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57

BUREAU V. A.

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CERTIFICATE OF DEATH

03472

	3311		OFICE	11 147	TIC OT DEPTIT			Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY Montgomery	7		MAR	YLAND	2. USUAL RESIDENCE (WA o. STATE Virginia	ere deceased	lived If institution b. COUNTY FAIRTS		before admis	is on}
	If outside corporate limi	ls, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (IF o	ulside corpor	ole fimits, write RU	RAL ond giv	e nearest tow	m)
Bethesda			3 days		Alexandria					
OR INSTITUTION	AL (If not in haspital, g		oddress)		d. STREET ADDRESS				ON	SIDENCE A EARM?
The Clinic	al Center,	<u>Betl</u>	nesda 14,	Md	213 West Box	ılevar	<u>d Drive</u>		YES [NO 🙀
3. NAME OF DECEASED (Type or print)	For		Middl		Losi	4. DATE OF DEATH	Mani		Day	Year
	Thoma	T	Clar		Curl		Marc		MEAN IS IN I	19 58
5. SEX	6. COLOR OR RACE	/- MARI	RIED 🝱 NEVER MARK	(IED 🔲	B DATE OF BIRTH		9. AGE (In years last birthday)		YEAR IF UND	ER 24 HRS
Male	White	WIDOW	to all the same of		November 6,	1888	69 yrs			
during most at wor	king life, even if retired)	_	OK INDUS	TRY 11 BIRTHPLACE (State	ar foreign ca	untry)		EN OF WHA	T COUNTRY?
Farmer		1.5	erming		Ohio			10.0	S. A.	
13 FATHER'S NAME	-				14 MOTHER'S MAIDEN N					
Sheldon Cu					Catherine E					,
15, WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dotes of s		SOCIAL SECURITY N	0 17. IN	FORMANTThe Medi	ical R	ecord Addre	51		
No		[Inascertain	nable	The Clinica	al Cen	ter. Beth	esda	Ili. Ma	rvland
18. CAUSE OF DEA	ATH [Enter only one co	use per li	ne for (a), (b) and (c)]					INTERVAL B	ETWEEN
PART I. DEA	TH WAS CAUSED BY.	Bro	onchopneum	onia					ONSET AND	DEATH
2011	MMEDIATE CAUSE (o		DITO ITO PARO COM	O'A ALLO						
204.4			سمطينة المحالب		al hamanuhaa	. J				
Conditions, if a	mmediate	J	rkeu inter	SULUI	al hemorrhage	e rung	5			
cause (a), stating		_			- 1				٦ _	
lying cause lost.) (c	/		linic					1 m	
PART II. OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DI	EATH BUT I	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIVE	N IN PART I	PERF	AUTOPSY DRMED?
200. ACCIDENT WAR OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED	(Enter nature of injury in P	art I or Part	II of item 18.)			
ZOC. TIME OF INJUING HOUR O. M.	Y Month, Day, Yes	20d. II	NJURY OCCURRED Not while	20e. PLA	CE OF INJURY (Home, form, form, street, office bldg., etc.	20f. (Cily	or lawn)	(Cou	unty)	(State)
₩ p. m.	19	of wor								
21. I certify th	at I attended the	deceas	ed from Febru	uary	26 1958 to Ma	arch 1	1058	that I lo	st saw the	decease
	ch 1	_, 19_	⁴ 0	t death	occurred at3:50 1		the causes as	nd on the	date state	ed obove
	2.116	7	0 1		,	ADDRESS (Sti	eel, city or town, s	late)	D	ATE SIGNED
SIGNATURE_	chard 1	W. (work	22414	The Clinic				March	1,19
PHYSICIAN'S				and a	The Nation		stitutes	of Hea	alth	
NAME (Type)	Richard M.	Cope	nhaver, M.	D.	Bethesda 1	4. May	ryland			
220 BURIAL, CREMATIC	N. 225. DATE THEREO	F	22c. NAME OF CEA	NETERY OF	CREMATORY	224 LOCAT	ION (City, fown, or	county)	{S10	te)
REMOVAL (Specify) Burial-tra	nsit 3-5-	-58	Bethel (Cemet	tery	Morro	-		hio	
23 FUNERAL DIRECTOR	* 6 PV 30 V		ADDRESS			BY REGISTI		RAR'S, SIGN		
ROBERT A.	PUMPHREY		Bethesda	, Md	6	KDR 5	.'50	1-1-20	sel .	
					I WALL	WITT WAS IN THE	The state of the s	Marie Targette	- P	

te funeral director. TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital ar attending physician.

TO FUNRAL PLACTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the buriol-transit permit. Then, please carban papers. Pages 1 and bould be filled with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 10/57



8 18	10	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
ma ma		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
che che		Mont gomera Co. MARYLAND O. STATE Maryland b. COUNTY
0 0		b. CITY OR TOWN (If outside corporate high, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Pog		- and give necresi think)
. 3	M)	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Le. IS RESIDENCE
fi The	ENC /	ON A FARM?
dir.	-99	Washington Santarium + Hospol 1510 Windham Lane, 148 NOT
er f		3. NAME OF First Middle Last 4. DATE Month Day Year
y o	1	(Type or print) Janiel Teese Davies DEATH March 30, 1958
far		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE IN yours IF UNDER 1YEAR IF UNDER 24 HRS.
t be t		WIDOWED DIVORCED No 12 - 14 In Some birthdoy) Months Days Hours Min.
# toin	(* '	Too. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1 2 2 d	(m)	during mout of working life, even if refired) Gov. Employee So Dakota U.SA.
2, c	-	13. FATHER'S MAIDEN NAME
- 6 2		E I I
Page 5 age 5 e pogé		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 137. INFORMANT
Page 1		(Yes, no, or uningwn) (If he was dates of services A
Give		Voc Yes U) t -Qa mrs. marie N. Davies
.¥. ¥.		8. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 1510 Windham Lane, Silveris Diring, Md.
18 Peri		PART I, DEATH WAS CAUSED BY: Coron by Oca bus in a
far far		420.1 DUE TO
in the first		Condition if you which
E 6		gove rise to immediate couse
pen		(u), storing the underlying
.⊑ ⊕ ¤		Z PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY
: 60 E 25 C 25 C 25 C 25 C 25 C 25 C 25 C 25 C		PERFORMED?
s O s		₹ NO R
ner ner		20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port t or Port I) of item 18.)
PEP		U PRIMARY II or CONTRIBUTING II
war Ex		3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or lown) (County) (Stote)
3 ga		Hour g, m. While Not while foctory, street, office bldg., etc.)
D X o		21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and find that
in the second		death resulted from: Natural causes X, Accident , Suicide , Hamicide , Undetermined cause .
\$ ii Q		A A A A A A A A A A A A A A A A A A A
the set		ACTUAL A DATE SIGNED
生 第		SIGNATURE Mach (!!) WO SEPARAL M.D. CHIEF MEDICAL EXAMINER [
3 5 € B	į.	EXAMINER'S FAAUK T. BLOSCIAZ LA DEPUTY MEDICAL EXAMINER DICAL EXAMINER 30, 1958
A Production		Lavare (type) / /// / / / / / / / / / / / / / / / /
orwarde FUNER		220. BURIAL, CREMAT ON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)
2 6		BURIAL (Specify) 4/2/58 ARLINGTON NATIL. CEMETERY ARLINGTON, VIRGINIA
435148181		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'DIAD REGISTRAR'S SIGNATURE
5. A15ME(5) 5M 9/55		Warner & Funishing SILVER SPRING, MD. DATE
-111 11 11		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MECEUVED 2008

7		MARYLAND STATE DEPARTMENT OF HI	EALTH—BALTIMORE, 18	
		3461 CERTIFICATE OF D	EATH Reg. Dist.	03474
M M		PLACE OF DEATH 6. COUNTY MARYLAND 2 USUAL RESIDI	ENCE (Where deceased lived. If institution: Residence b. COUNTY	before admission)
8 P	10		OWN (If outside corporate limits, write RURAL and giv	e nearest town)
	11	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION AND SAID ATOM SAID HOSPITAL (If not in hospital, give street oddress) AND SAID ATOM SAID HOSPITAL (If not in hospital, give street oddress)	indexwood St. N. W.	e. IS RESIDENCE ON A FARM? YES NO
es 1 and		NAME OF DECEASED (Type or print) Roby G V DAV	4. DATE Month OF DEATH 3	8 1958
rs. Pag	5. 3	SEX 6. COLOR OR RACE 7/ MARRIED NEVER MARRIED B. DATE OF BIRTH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YEAR IF UNDER 24 HRS. Oys Hours Min. 3 (2) 17
rbon papers.	100	USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	ACE (State or foreign country) 12 CITIZ	EN OF WHAT COUNTRY?
a green	13.	FATHER'S NAME DOIN F. DOINS 14. MOTHER'S I	MAIDEN NAME	<u> </u>
ğ		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, INFORMANT	Address	
within 72		18. CAUSE OF DEATH [Enter only one couse for like for (o), (b), and (c).] PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) The attributes The country of t		INTERVAL BETWEEN ONSET AND DEATH
by the it. The ly even in the life the		Due TO Conditions, if ony, which) (b)		
asit permond in or		gove rise to immediate couse (a), stating the under-lying couse lost.		*
aval, or	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY PERFORMED? YES NO
or rem	CERTIFIC	20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	injury in Port I or Port II of item 18.)	
mation,	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While Not while of wark of work 19	lame, form, 20f. (City or town) (Cou bldg., etc.)	unty) (State)
hed far rial, cre	~	21. I certify that attended the deceased fram 317	12/30	st saw the deceased
detoc		ACTUAL Hert Holamonel 92	ADDRESS (Street, city or town plate)	DATE SIGNED 3/8/58
shou strar prio		PHYSICIAN'S NAME (Type) Herbert H. Di anomd M. D. 8221 G	Silver So	· · · · · · · · · · · · · · · · · · ·
dge 3 sl	220	. SURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)	22d LOCATION (City, town, or county)	(Stote)
D d d	23.	Cremation 1-9-58 Washington San. & Hos	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	Jaryland
A15 (4) 1 9/55	R	abit a Hare Washington Sanitarium & Hosp	POATE MAR 1 1 '58 POR	

NO VILLETY :

BUREAU V. E.

5 SEX

CERTIFICATION

(Type or print)

Female

Clerk 13. FATHER'S NAME

NO unknown

director Page

Funeral

Ξ.

filled

the attending physician and campletely

ģ

please

PHYSICIAN: The law requires that the death certificate be

haurs after death.

MARYLAND STATE DEPAR 3511

c. LENGTH OF STAY

day

Middle

Iren

DIVORCED

Private Indu

16. SOCIAL SECURITY NO

20b. DESCRIBE HOW INJURY

405**-18-**5821

KIM	ENT OF HEALTH	-BAL	TIMO	ORE, 1	8		0.9	A 1945
FIC/	ATE OF DEATH	I			Reg. I	Dist. No		475
AND	2 USUAL RESIDENCE (WIN			If institute COUNTY	on Resid	enca befo	ore admis	ision)
N 1b	c CITY OR TOWN (IF o	ulside carpo	rate lim	ils, write R	URAL on	d give ne	arest tow	in) V
3	Falls	Churc	:h		1.1	Х.	r	
	d STREET ADDRESS							SIDENCE A FARM?
Md.	1215 1	arch	ont	Driv	6			NO.
9	Dennison	4. DATE OF DEATH		Mon Ma:	th	- ate-	Ö,	Yeor 19 58
	July 24, 1890)	9. AGE lost	(In years birthdoy) 57 yrs	Months		Hours	ER 24 HRS
str	y Maine	or foreign c	ountry)			U.S.		T COUNTRY?
	Mary A. Et		ham					
	NFORMANT The Medical Co					, Ma	ryla	nd
_ /.	Carcenomas	Tosis	provi	rema	ing			ETWEEN DEATH
		75						
TH BUT	NOT RELATED TO THE TERMIT Palon (Enter nature of injury in P	orak	E COND	GLES	EN IN P	ART 1(o)	PERFO YES	DRMED?
loe. PL/ foc	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City	or town)		(County)		(Stote)

20c. TIME OF INJURY 20d. INJURY OCCURRED O m Not while at work

Alice

100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OF

18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)

DUE TO

DUE TO

PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA

during most of working life, even if retired)

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)

John E. Feeney 15. WAS DECEASED EVER IN J. S. ARMED FORCES?

> Conditions, if ony, which gove rise to immediate

couse (a), sloting the under lying cause last,

205 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

6 COLOR OR RACE 7 MARRIED NEVER MARRIE

WIDOWED K

21. I certify that I attended the deceased from February 13, 19.58, to March 20, 19.58, that I last saw the deceased __, and that death accurred at 9140 AM, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) 3/20/58

ACTUAL

The Clinical Center National Institutes of Health

PHYSICIAN'S Alvin H. Harris, M. D. NAME (Type) --- Rethesda lin Maryland 220. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county)

Calvary Cemetery

23 FUNERAL DIRECTOR'S SIGNATURE

The S.H. Hines Company

249. REC'D BY REGISTRAR

South Portland, Maine 246 REGISTRAR'S SIGNATURE

TO FUNERAL DI page 3 should VS A15 (4) 15M 10/57

TOR

BUNEAU V. 89

	00	210	CEKII	FICA	IE OF DEA	AIH		Reg. Dis	t. No.	0 0	244
1, PLACE OF DEATH D. COUNTY MO	ntgomery		MARY	11	New Jers		d lived. If instituti b COUNTY	on Residenc	e before	e odmis	sion)
	f outside corporate lim	is, write	c. LENGTH OF STAY	IN 1b			prote limits, write R	URAL ond g	ive near	rest tow	m)
Bethesda	garest lown;		34 days		Morristo	vin	10	9.1 6			
d NAME OF HOSPIT	AL (If not in hospital,)	give street	oddress)		d. STREET ADDRES			- Par		. IS RES	SIDENCE
	cal Center	, Bet	hesda 14,	Md.	98 Maple	Avenue					A FARM?
3. NAME OF DECEASED	Fi	rst	Middle		last	4. DATE	Mon	th	Day	,	Year
(Type or print)	Nel	lie	Uretta		Denny	OF DEATH	Mar	ch	13		1958
5 SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE	ED B	DATE OF BIRTH	······································	9 AGE (In years	IF UNDER	-	IF JND	ER 24 HR
Female	White	WIDOW	ED 🔀 DIVORCEI		May 31,	1897	last histhdoy)	Months	Days	Hours	Min
10a USUAL OCCUPATION during most of work	ON (Give kind of work	done 10b.	KIND OF BUSINESS O	R INDUSTR	11. BIRTHPLACE (State or foreign o	ountry]	12. CITI	ZEN OF	WHAT	T COUNT
Practical		'	Nursing		New You	rk		I	J. S	. A	
13. FATHER'S NAME					14. MOTHER'S MAID	EN NAME					
Jesse Hay	ner				Anna Ma	aria Roe					
15 WAS DECEASED EVE			SOCIAL SECURITY NO	17 INF	ORMANT The I			ress	-		
No	propes, give wor or disease or s		39-26-5052		Clinical				Mar	vla	nd
18 CAUSE OF DEA	TH [Enter only one co	iuse per lii	ne for (a), (b), and (c)						INTE	RVAL BE	ETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	· a	rute Pul	min	usa Con	ran tru	1		ONSE	ET AND	DEATH
2.23×	DUE TO		0)	7			1		
Conditions, if a	ny, which)	1	rasela	M	aun Cion	200 1	stoperas	Tie			
gove rise to in cause (a), stating)			8		The state of the s				
lying cause last.) (c	}									
PART II OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE T	ERMINAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 19	WAS	AUTOPSY
3 ESUN	sha seal	1400	itus Her	me.							ORMED?
PART II OTH	S UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OF	CCURRED	(Enter nature of injur	y in Part I or Far	t II of item 18.)				
	MEDICAL EXAMINER)										
ZOC. TIME OF INJUR Hour a. m.	Y Month, Day, Ye		NJURY OCCURRED	20e. PLAC	E OF INJURY (Home,	form, 20f. (City	or town)	(C	ounty)		(State
Hour ea.m.	19	While at wor	Not while	racio	y, street, office bldg.	, etc.)					
21 1 cartify th	ot Lottended the	deceas	ed from Febru	27T/ 7	1058 to	March 1	3 1058	Ab - A I I		41	
	March 13	19 5			ccurred at 3:						
2			Z ond mor	deoiii o	ccorred GL		n The Couses o treet, city or town,		e don		ed obo
ACTUAL SIGNATURE	Chair 1	11	Tistola.	e	The Clin	nical Ce		,		3,	11/
			- 1 C - 1 C	M,	Nationa	Instit	utes of l	lealth			
PHYSICIAN'S NAME (Type)	William Le	e Pri	tchard. M.	D.	Bethesda						
229 BURIAL CREMATION	N, 226. DATE THEREC		22c NAME OF CEME				TION (City, town, c	or county)		(Stat	rel
BURIAL (Specify)	3/15/58		CAMBRIDGE		TERY		RIDGELN	W YO	RK/	fordi	~1
23 FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		24a	REC'D BY REGIST		TRAP SSIG	NATORE	ē į	
Joseph Greele	is Anno one	-, 17	66 Pa. Ave.	.N.W.				021.	F2 2	ðs.	

DATE

funeral director, and a built be fired with TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. Page 4, moy be retained by the hospitol ar ottending physicion.

O FUNERAL DIPCTION: After this certificate hos been signed by the ottending physician and completely filled in b page 3 should cletached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and the registrar prior to buriol, cremotion, or remavol, and in any event within 72 hours after, deoth. moy be retained TO FUNERAL DIPE VS A15 (4) 15M 10/57



ZEVO V. Z.

VS A15 (4) 15M 10/57

IARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18
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2512	CERTIFICATE	OF DEATH
1 1 1 4		

Reg. Dist. No. 213 47

PLACE OF DEATH O. COUNTY		2 USUAL RESIDENCE (Who	ere deceased lived. If in:	ditution. Residence befo	ore admission)\
Montgomery	MARYLAND	o. STATE Marylan	.đ ^{5.} COL	INTY	
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	atside corporate limits, w		rarest lown)
Bethesda (Rural)	27 days	Annapol	is	0210	
d NAME OF HOSPITAL (If nat in haspital, give street of INSTITUTION		d. STREET ADDRESS			e. IS RESIDENCE
U.S. Naval Hospital, Bethe	sda. Maryland	243 Kin	g George St	reet	ON A FARM?
3. NAME OF First	Middle	lost	4. DATE		
(Type or print) Edwina	Putnam	DEUTERMANN	OF	Month Do	Ä ER
5 SEX 6. COLOR OR RACE 7 MARR		8 DATE OF BIRTH	0.4004	LIE LINIDER I VEAE	R IF UNDER 24 HRS
			lost birthd	oy) Months Days	Hours Min
Female White WIDOWE		12 June 1910	17	yrs	
during most of working life, even if refired)	L				OF WHAT COUNTRY
	ione	Philippine		U.S	*
13. FATHER S NAME		14 MOTHER'S MAIDEN N	AME		
Russell B. PUTNAM		Mabel TRIPL	ETT		
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO 17 IF	NFORMANT		Address	
No	Unknown (Hu	usband) Willia	m V. Deuter	mann (Same	As #2)
18. CAUSE OF DEATH [Enter only one couse per lin				LIMT	ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY.	-A- A- C	The see a seed	7 -00 to	ON ON	SET AND DEATH
170 X DUE TO	GABLYXING C	MONING CONOM	ma 01.400 1	wearsh .	Lycors
300.10					9
Conditions, if any, which) (b)					
cause (o), stoling the under-					
lying couse last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION	GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
3					YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS COLORS OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF THE PROPERTY OF THE PRO	RIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Pi	ort I or Part II of item 18)	
3 20c. TIME OF INJURY Month, Day, Year 20d. IN	NJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form.	20f (City or Jown)	(County)	(State)
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. 19 while at work	Not while foc	tory, street, office bldg., etc.)	(0.1)	10001111	(Sidile)
	k ol work	FD 3 5	36	to a v	
21. I certify that I attended the decease		19.58 to 18		50 that I last so	
alive on 18 March 19 5	$i8_{}$, and that death	occurred ot 5:55A.	M, fram the caus	es and an the da	ite stated above
	1		DDRESS (Street, city or fo		DATE SIGNED
SIGNATURE CALL SIGNATURE	webs.	M.D. U.S. Naval	Hospital. B	ethesda. M	d. 3-18-5
		WAY TELEFORESTEEN			T
PHYSICIAN'S Alfred K. Rhodes	LT, MC, USN	U.S. Naval	Hospital, E	ethesda. M	d.
220 BURIAL, CREMATION, 226 DATE THEREOF	22c. NAME OF CEMETERY OF		22d LOCATION (City To		
Burish 3-21-58		at'l Cemetery		, Virginia	(Stote)
	AT TITIE GOTI THE				he
		MA MA		REGISTAR'S SIGNATION	KE
danter a choose, 1100 Leuu	. Ave., Washing	TON, D.C. DATE	V.	- Louis	

Z ,V UAMAUS

S : O' RAM

DECENTED

Ren Dist No.

	00[1		R	eg. Dist. No.
-	PLACE OF DEATH	" '	2. USUAL RESIDENCE (When	re decrased lived. If institution:	Residence before admission)
	Montgomery	MARYLAND	Washing	oton b. COUNTY	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		side corporate limits, write RURA	AL and give nearest town)
	Bethesda ll. Maryland	75 days	Tacoma	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	4 X - 3 Y
4	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS		e IS RESIDENCE ON A FARM? YES NO TH
	The Clinical Center, Be			Lden Gate	
	3. NAME OF First DECEASED	Middle		4. DATE Month OF DEATH Mon	Doy Year
	(Type or print) Marilyn 5. SEX 6. COLOR OR RACE 7. MAR	(none)	Diamond	Tial	och 20, 1958
				last birthday) M	lanths Doys Hours Min.
	Female White WIDOV 10a. USUAL OCCUPATION (Give kind of work done 10b		March 16, 1930		12 CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired)			toreign country)	U.S.A.
	Housewife	None	Canada	AAE	U.D.A.
1			Roseltha V		
	Edward W. Eldredge	SOCIAL SECURITY NO. 17 1		ical Record Address	
	(Yes, no or unknown) (If yes, give wor or dates of service)			enter, Bethesda	
	No la same of scale for		ine officer of	onote a De one de	
	18 CAUSE OF DEATH [Enter only one couse per li	ine for (0), (0), and (c))	101.0.	Page 1	ONSET AND DEATH
	IMMEDIATE CAUSE (o) 770	assive gust	2 Mesana	mage	
	DUE TO CA		0.1.	a 1. 10	
	Canditions, if any, which (b) (b)	rus concinim	r committee	te metastes	7
	cause (a), staling the under-				
	lying couse last. (c) (c) Part 11. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	MOT BELLTED TO THE TERMAN	AL DIFFACE CONDITION CINEN	IN PART 1(a) 19 WAS AUTOPSY
2	O FAR II. OTHER SIGNIFICANT CONDITIONS	CONTRIBOTING TO DEATH BUT	NOT KELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN	PERFORMED?
	PART 11. OTHER SIGNIFICANT CONDITIONS 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Par	rt t or Port II of item 18.)	
		INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, form,	20f (City or town)	(Caunty) (Stole)
	20c TIME OF INJURY Month, Day, Year 20d. Hour e. m. p. m. 19 of we		clory, street, office bldg., etc.)	1	,,
	21. I certify that I attended the decea		1. 10 58 to Ma	erch 20, 1058	hat I last saw the deceased
	olive on March 20. 19				I on the date stated above.
	Unive un state sate sestimates, 17.	O A		DDRESS (Street, city or town, stat	
	SIGNATURE ADWARD.	no M.D		inical Center	3/20/58
	PHYSICIAN'S Howard R. En el	D.	Natio	nal Institutes	of Health
	NAME (Type) HOWAL U. T. Ell C.	-, 1	Beth	esda ll. Maryla	and
	220 SURIAL, CREMATION, 226. DATE THEREOF	22c NAME OF CEMETERY O		2d. LOCATION (City, lawn, or c	
	3/27/20	Masonic Me			shington
	23. FUNERAL DIRECTOR'S SIGNATURE	755 Wiscons		BY REGISTRAR PEGISTRA	AR'S SIGNATURE
	Robert A. Pumphrey	Bethesda, Ma		CANAL.	Latter.

e funeral director, puld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or oftending physician.

TO FUNERAL DISECTOR: After this certificate has been signed by the ottending physician and campletely filled in by page 3 should detached for use as the buriol-transit permit. Then please remove corban papers. Pages 1 and the registrar prior to buriol, cremation, or remayal, and in any event within 72 haurs after-death. VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3515 **CERTIFICATE OF DEATH** Reg. Dist. No director, filed_with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY b. COUNTY don MARYLAND death. b. CITY OF TOWN IIf outside cornelibte limits, write c. CITY OF TOWN (If conside corporate three-write RUPAL and give nearest town) E. LENGTH OF STAY IN 15 RURAL and dive nearest town) ď alaman - 7807 River Rd. d. NAME OF HOSPITAL (If not in hospital, give street budgess)
OR INSTRUCTION d. STREET ADDRESS 15 RESIDENCE 41/2 ON A FARM? YES NO T C 3. NAME OF First Middle 4. DATE Last Manth Day Year P DECEASED KOBER (Type or print) DODGE DEATH 1958 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days WIDOWED A DIVORCED [yrs. popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRT PLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY death. during most of working life, even if retired) elm unknown and carbon 13. FATHER STNAME ofter 14. MOTHER'S MAIDEN NAME physician certificate **MOVe** 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **DUE TO** 2 Ë ony Conditions, if any, which signed gove rise to immediate peri **DUE TO** cause (a), stating the underpup lying cause last burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY remaval, PERFORMED? O YES NO R 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month. Day, Year 204 INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour a. j. While Not while 19 at work at work p. m. . 19:52 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 630 A-M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 0 ACTUAL SIGNATURE shoule PHYSICIAN'S NAME (Type) FUNER 220. BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) poge (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) DATE MAR 1

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on and completely filled in by the funeral director,	ould be filed with
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ely filled	. Pages 1
complet	papers.
puo u	prbon
3 physicion	remave corbon papers.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3516 CERTIFICATE OF DEATH

04738

		33.50			1111		Reg. Dist. No	l _e
1.	PLACE OF DEATH a. COUNTY Montgome	ry	MARYLAND	2. USUAL RESIDENCE OF STATE MR Tyle	E (Where decease	d lived. If institution b. COUNTY	n Residence befo tromery	re admission]
	b. CITY OR TOWN (IF RURAL and give neg	outside corporate limits, write rest town)	c. LENGTH OF STAY IN 15	c. CITY OR TOW	N (If outside corp	orote limits, write RU	RAL and give nec	arest town)
	d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, give street	oddress)	d. STREET ADDR	ESS			e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print)	MaryAnn Clagg	ett Dorsey	Last	4. DATE OF DEATH	Monti Maro		
	Female	6 COLOR OR RACE 7. MARR	DIVORCED		1879	lest birthday) yrs.	Months Doys	- 00
100	during most of working	(Give kind of work done 10b. og life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE Maryla		country)	12. CITIZEN C	MHAT COUNTRY
		Dorsey			te Snowd	en		
15.		IN U. S. ARMED FORCES? 16. yes, give wor or dates of service)	SOCIAL SECURITY NO. 17	Miss Ethel	I.V. C1	aggett, D	amacus,	Md.
	PART 1. DEATI		to (a). (b), and (c).	is cardin	ascul	- deser		ERVAL BETWEEN SET AND DEATH
z	gove rise to im couse (o), stating the lying couse lost.	e under- CC (c)						
CERTIFICATION	20a. ACCIDENT WAS	R SIGNIFICANT CONDITIONS C	RIBE HOW INJURY OCCURRE				N IN PART 1(o) 1	PERFORMED? YES NO
	OR CONTRIBUTING E (IF EITHER, NOTIFY M	EDICAL EXAMINER)						
MEDICAL	Hour a. n.	Month, Day, Year 20d. In While at work	Not white for	ACE OF INJURY (Home ctory, street, office bldg	, farm, 20f. (City)., etc.)	y or town]	(County)	(State)
	21. I coetify the alive of Actual signature Physician's NAME (Type)	t Lattended the decease	ed from A land that death	M.O. LIM	,,M, froi		nd on the da	the deceased the stated above. DATE SIGNED 129158
220	REMOVAL (SPECIFY)	4/2/58	22c. NAME OF CEMETERY O			TION (City, town, or ly Spring,	county)	(State)
23.	FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS Rockville, M	240.	REC'D BY REGIS		RAR'S SIGNATUR	RE



03480

2517

CERTIFICATE OF DEATH

	0011							Reg. Dist.	No.	
1. PLACE OF DEATH 6. COUNTY Montgome	Y*V		MARY	- 1	USUAŁ RESIDENCE (W o. STATE Virginia	here decease	b. COUNTY	n Residence b	sefore adm	ssion)
b. CITY OR TOWN	(if outside corporate limits	, write	c. LENGTH OF STAY	1N 16	c CITY OR TOWN (If	outside corpo			nearest for	wn)
RURAL ond give Bethesda	negrest town)		125 da	vs	Arlington					
d NAME OF HOSE	TIAL (If not in hospital, given	ve street	oddress)		d. STREET ADDRESS				e. IS RE	ESIDENCE A FARM?
	ical Center.	_	1	Md.	4133 S. 3	6th St	reet			DECON D
3 NAME OF DECEASED	First		Middle		Lost	4. DATE	Mon	lh	Doll	Year
(Type or print)	Pau	1	Josep	h	Doyle	DEATH	March	1	4.	1958
S SEX	6. COLOR OR RACE	7 MARR	HED 🔼 NEVER MARRIE	ED 🔲 B D	ATE OF BIRTH		9. AGE (In years last b rthday)	Months Do		DER 24 HRS
Male	1124000	WIDOWE	- Land			1903	55 yrs	Months Day	ys Hours	s Min
100 USUAL OCCUPAT	ION (Give kind of work doorking life, even if retired)	one 10b.	KIND OF BUSINESS O	R INDUSTRY	11 BIRTHPLACE (Stole	e ar foreign o	ountry)	12. CITIZEN	N OF WHA	AT COUNTRY
Budget A		G	overnment		Oh	io		U.	S.A.	
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
Harry C.					Hary Owen					
(Yes, no or unknown)	FR IN U.S. ARMED FORC If yes, give wor or dates of ser		SOCIAL SECURITY NO	O.3 INFO	RMANTThe Med	ical R	ecord Add	ess		
Yes	1920-1921	2 203	CXCHER MOXIME	its the	Clinical C	enter,	Bethesd	a 14. %	laryla	and
	EATH [Enter only one cou	se per lin	ne for (a), (b), and (c).	j				1	INTERVAL E	BETWEEN
PART I DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	Ac	ute myelob	lastic	leukemia				li mo	
14,5	DUE TO									
Canditions, if					*****					
gove rise to couse (o), stolin	g the under-									
lying couse lost										
PART II. O	THER SIGNIFICANT COND	ITIONS C	CONTRIBUTING TO DEA	ATH BUT NO	T RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PART 1(c	19. WAS	S AUTOPSY FORMED?
<u> </u>									YES K	OK NO □
OR CONTRIBUTION	VAS UNDERLYING [] 'G [] CAUSE OF DEATH 'Y MEDICAL EXAMINER)	20b DESC	TRIBE HOW INJURY OF	CCURPED. (E	inter nature of injury in	Port I or Par	III of item 18)			
20c TIME OF INJU		1	NJURY OCCURRED	20e. PLACE	OF INJURY (Hame, for	m, 20f. (City	or lown)	(Coun	ity)	(Stole)
p. m.	10	While at work	Not while		,,					
21. I certify i	hat I attended the	decease	ed from Novem	ber 8	., 1957_, to_M	arch 1	1958	that I last	saw the	e decease
alive on Ma	1	, 12.5			curred at 3:40	PM. fran	n the causes a	nd an the	date sta	ted abov
	-						freet, city or town,			DATE SIGNE
SIGNATURE /	Sayand	-/	4nes	M.D	The Cl	inical	Center		3-14	1-58
PHYSICIAN'S			_				titutes	of Heal	th	
NAME (Type)	Bayard Tynes	м.	υ•				_Marsalane			
	ON, 226 DATE THEREOF		22c. NAME OF CEME	TERY OR CE			TION (City, town, c		(Sto	ole)
Burial Specif	3-19-58		Arlingt	on Na	tional	Arli	rgton.		Va-	
23. FUNERAL DIRECTO	R'S SIGNATURE	1	ADDRESS 17-	56 A	Bare 240. REC	D BY REGIST	RAR 246 REGIS	TRAR'S SIGNA		
yough	Haw-a	12	JONO IN	anh	DATE M	AR1 8 'S	8 219	Leave	7	

funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The tow requires that the death certificate be executed within 24 hours ofter death. Page 4 Ĥ may be retained by the hospital or attending physicion.

TO FUNERAL DISCYOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 shou's detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 1 the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. VS A15 (4) 15M 10/57

BURRAU V, S.

DECEDAED NAM 18 1958

VS A15 (4) 15M 10/57

2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03481

	3518	CERTIF	ICAT	E OF DEATH	1		Reg. Dist.		10 70 1
PLACE OF DEATH COUNTY Mont	gomery	MARYL	- 11	. USUAL RESIDENCE (WHO STATE Marvland	ere deceased	lived. If institution b. COUNTY MONTGO		before adr	mission)
b. CITY OR TOWN (If out	side corporate limits, write	c. LENGTH OF STAY IN	ч 1ь	c. CITY OR TOWN (If o	iulside corpora			e negrest t	lown]
RURAL ond give nearest Bethesda	tawn	1 day		Silver Spri	ing	,			
d. NAME OF HOSPITAL (III	f not in hospital, give street			d. STREET ADDRESS		1		e. IS	RESIDENCE N A FARM?
	1 Center, Bet	hesda 14. M	d.	8524 Milfor	d Aven	nue			N A FARM
3. NAME OF DECEASED	First	Middle		Lost	4. DATE	Month		Day	Year
(Type or print)	Florence	(None)		Dubb	OF DEATH	Mar	ch	12	1958
5 SEX 6. (COLOR OR RACE 7. MARR	IED NEVER MARRIED		DATE OF BIRTH	9				NDER 24 HRS
Female 1	White woows	DIVORCED		November 15,	,1913	Jeli yes.	Months D	oys Hou	urs Min.
10a USUAL OCCUPATION (C during most of working I	Sive kind of work done 10b	KIND OF BUSINESS OR	INDUSTR	11 BIRTHPLACE (State	or foreign cou	intry)	12 CITIZI	EN OF WE	HAT COUNTRY?
Clerk .		tail Sales		Pennsylva	ania		1	U.S.	Α.
13 FATHER S NAME				4. MOTHER'S MAIDEN N	IAME				
Samuel Wein	stein			Margaret	Berkow	ritz			
15 WAS DECEASED EVER IN	U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO	17. INFO	PRMANT The Med			\$		
No		75-01-8393		e Clinical C				Mary	land
18. CAUSE OF DEATH	Enter only one couse per lin	te for (a), (b), and (c)]	-					INTERVAL	BETWEEN
PART I. DEATH V	VAS CAUSED BY: MEDIATE CAUSE (b)	ardiac MIN	rest	•				ONSET A	ND DEATH
1'7 X	DUE TO))	7 11							
Conditions, if any,	which) (b)	sparre four	~~					12	Thron
gove rise to imme		1		. (-4-	()			
lying cause lost.	(c)	16 moners	במישיים	c mosts	ens to	ligar)			
PART II. OTHER S PART II. OTHER S ON ACCIDENT WAS UN OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	IGNIFICANT CONDITIONS C	ONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TERMI	NAL DISEASE	CONDITION GIVEN	IN PART 1	(o) 19. W/PES	AS AUTOPSY REODMED?
	CAUSE OF DEATH	RIBE HOW INJURY OCC	CURRED. (Enter nature of injury in F	Port I or Port I	ll of item 18.)			
20c. TIME OF INJURY M Hour o. m. p. m	Manth, Day, Year 20d IN While 19 of work	Not while	0e. PLACE factor	OF INJURY (Hame, form, street, office bldg., etc.	20f. (City o	or lown)	(Cou	unty)	(State)
21. I certify that I	attended the decease	ed from Marc	h l	L, 1958 to	March	12. 1958 .	that I la	st saw ti	he deceased
alive on M	arch 12 , 195			corred at 6:304					
2						et, city or lown, sto		4010 31	DATE SIGNED
ACTUAL SIGNATURE	m J. Joto	odnan	мг	The Clinic	al Cen	ter			3/12/58
				National]	Institu	tes of He	ealth		
PHYSICIAN'S A11	en D. Goodmar	n, M. D.		Bethesda]					
	226 DATE THEREOF	229 NAME OF CEMET	FRY OR C			ON (City, town for	county)	(5	Stole
REMOVAL (Specify)	3/13-1958	Mational	Me	u ark	Jal	es Chu	rel	21	E-
23 FUNERAL DIRECTOR'S SIG	NATURE	ADDRESS	2/		D BY REGISTRA				
Goldberg :	Ferneral &	lome Wi	Usli.	DC DATE	MAR 1 4	'58 \	- Produ	uch	



ELET AL MAM



MARTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2510 CERTIFICATE OF DEATH

03482

9913			Reg. Dist.	No.
. COUNTY Montgomery	MARYLAND	2 USUAL RESIDENCE (Where	b COUNTY	before admission)
RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR YOWN (If outs	ide corporate limits, write RURAL and giv	
d. NAME OF HOSPITAL (If not in haspital, give street ac OR INSTITUTION	2 hrs.	d. STREET ADDRESS CE	enter Hill	e is residence ON a FARM?
Suburbon_!	Luy.	T.2320 T	er St.	YES NO
NAME OF DECEASED (Type or print)	Middle R. Du	errE.	OF Month	17 Year 17 19 58
SEX 6. COLOR OR RACE 7. MARRIE		B DATE OF BIRTH		YEAR IF UNDER 24 HR
Male Wildte WIDOWED	123	9/9/32	*.5 yrs.	ays Hours Min
during most of working life, even if retired) Rotized CONDUCTOR	Reilro d	STRY 11 BIRTHPLACE (State or		EN OF WHAT COUNT
FATHER'S NAME		14 MOTHER'S MAIDEN NAM		<u> </u>
H 1ph Duerræ			len Kraige	
(es, no or unknown) (if yes, give inprior dates of service) (if yes, give inprior dates of service)	S 17. II	Wire AME	WIA DUSKRE WI	HEATON.
PART I. DEATH WAS CAUSED BY: Hold O. Due to	for (0), (b), and (c)]	ocolus	lon	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause last.	ionary)	sellrosio		10 fees
PART TI. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN PART 1	(e) 19 WAS AUTOPS PERFORMED? YES NO
	IBE HOW INJURY OCCURRE	D (Enter noture of injury in Part	t I or Part II of item 18.)	
Haur a. m. 19 While at wark [Nat while for at work	ACE OF INJURY IHome, form, ctory, street, office bldg., etc.)		only} (Star
21. I certify that I offended the deceased olive on Than 11, 195		occurred of 12/20?	M, from the causes and on the	dote stated obc
ACTUAL SIGNATURE OFULLY HIV	amer,	M.D. 10, 620 Mar, 0	ORESS (Street, city or lown, state) ONU, (Ulstalow),	mole 3/11
PHYSICIAN'S NAME (Type)				
BURIAL CREMATION, 226 DATE THEREOF BENOVAL (Spec (v)) 3-15-1958	220 NAME OF CEMETERY O	R CREMATORY 22	Rd. LOCATION (City, lawn, or county) Bladbusturs	(State)
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 REC'D B	Y REGISTRAR 245, REGISTRAR SIGN	ATURE

BUREAU V. S.

BECEINED

CLET OF SAM

FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the mord "pending" in pendi in Item. 18. Give Pages 1, 2, and 3 to the funeral dimetar. Page 4 should be raided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files. TO FUNERAL CTOR: Page 3 should be used as a buriol-transit permit. File pages Tond 2 with the State of 3 of Health, or remariol, and in any every within 72 hours after death.

VS. A15ME 5M 2757

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3520 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(13483

	_9 024 0							g, pist, 190.	
PLACE OF DEATH	Montgomer	• •			O STATE		i. If institution i	Residence before admission	1)
			MARYI		Maı	LATSUIG		Montg	
and give nearly gra	footide corporate has fo, write sington	RURAL	c. LENGTH OF STAY I	N 1b		outside corporate l a Park	mits, write RURA	L and give nearest town)	
	& Conn. Ave		p-tal, give street address)	d STREET ADDRESS	lve		IS KES DON A FA	APMT
, NAME OF	First		Middle		Lost	4. DATE	Month	Doy Year	- 1.39
(Type or print)	Hira		Lester	Dur	epo	OF DEATH	3.2	17, 1958 19	
male	white	WIDOWE		5 1	Feb. 27, 1898	B loub	etoday) Lian	NDER TYEAR IF UNDER 2	- TAV
On. USUAL OCCUPATI	ION (Give kind of work d	one 10b	IND OF BUSINESS OR	NOUSTR	Y 11 BIRTHPLACE (Stote	or foreign country)	12	CITIZEN OF WHAT COL	JNTRY?
Plastere	ing life, even if refired)	B	uilding		North Ca	rolina		USA	
3 FATHER'S NAME				.]	14. MOTHER'S MAIDEN N	IAME			_
Charles	Burepo				Clara Paul	l			
	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO	17 IN	FORMANT	and the second of the second o	Address	-	
Yes, no. er unknown) No	(If yes, give war or dates of s	ervice)		Mr	s. Joan Y. Di	unn, 7920	18th Av	e. W. Hyattsv	/ill
Conditions, if gove rise to imme (o), stoting the course fost.	underlying DUE TO	DITIONS CO	ONTRIBUTING TO DEATH	1 BUT N	OT RELATED TO THE TERMI	NAL DISEASE COND	NTION GIVEN IN		
PART H, OT 200, EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH	LUCE WAS 200	PECCOID	E NOW WHILEY OCCUP	BED /E-	iter nature of injury in Port	Las Bask III of these	100	YES NO	D?
PRIMARY OF CO	ONTRIBUTING 🖂 📗	DESCRIB	AOW INJOK! OCCOR	KED (EI	ner noture of includy to Port	LIOT FORTH OF HEAT	10)		
20c TIME OF INJU	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State)								
21. 1 certify	21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . ond in my								
opinion death	opinion deoth resulted from: Notural causes 2. Accident . Suicide . Hamicide . Undetermined manner								
ACTUAL SIGNATURE	Trenta J.	Ba	orhat		M D CHIEF MEDICAL EX			DATE SIGN	ED
EXAMINER'S NAME (Type)	Frank J/Br	oscha	art		ASSISTANT MEDICAL I		Ma	ar. 17, 1958	
170 BURIAL CREMAT. REMOVAL (Specify Lapsil Div.) 23 FLAREAL DISECTO	id , mar. 17.1	958 4 Ca	Doringfuld 5 ADDRESS	Price /	ds Clonetery	D BY REGISTRAR	d Course or could Course	cly, fruit Coston	trele

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VS A15 (4) ISM 10/57

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
3521	CERTIFICATE OF DEATH	Ř

		MAKTI	MIND	STATE DEPAK	IM	ENI OF HEALIH	I-RAFIIW	ORE, 18		0464
		35	21	CERTIFI	CA	ATE OF DEATH	1	Reg.	Dist. No.	21504
	PLACE OF DEATH				Ţ	2 USUAL RESIDENCE (Who	ere deceased lived	If institution Resid	lence before	e odmission)
		tgomery		MARYLAI		o. STATE Marylar	_	b COHNTY	gomen	
	b CITY OR TOWN (If RURAL and give per	outside carparate limi	Is, write	E LENGTH OF STAY IN	16	c. CITY OR TOWN (If or	utside corporate li	mils, write RURAL an	d give near	rest lown)
B	ethesda (R	ural)		3 days]	Gaither	rsburg			
	OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		, d. STREET ADDRESS			(IS RESIDENCE
	S. Naval	Hospital,		esda, Md.		Rt. #1 8	Snowffer	School Re	bad	ON A FARM? YES NO M
3. NAME OF DECEASED		Fir		Middle		last	4. DATE OF	Month	Day	Year
	(Type or print)	Victor	ia	Anne ECHE		ELBERGER	DEATH March 2			19 58
5 5	SEX	6 COLOR OR RACE	7 MARR	HED IN NEVER MARRIED		B. DATE OF BIRTH	9. AG			IF UNDER 74 HRS
F	ema le	White	WIDOWE			29 December	1940 17	birthdoy) Months	Days	Hours Min.
100	USUAL OCCUPATIO	N (Give kind of work o	fone 10b	KIND OF BUSINESS OR II	NDUS	TRY 11 BIRTHPLACE (State of	ar fareign country)		ITIZEN OF	WHAT COUNTRY
M	ousewife			Housewife		Washing	ton. D.	0	U.S	
13,	FATHER'S NAME					14. MOTHER'S MAIDEN N		1	0.0	
M	aurice And	erson Spal	ding			Ester Victo	oria Morg	an		
15. (Yes		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, IP	NFORMANT		Address		
Ľ.	No	. You's divine an entire on the	. , , , , , , ,	Jnknown	(Hu	sband) Lowell	G. Eche	lberger (Same	As #2)
	IB. CAUSE OF DEAT	TH [Enter only one co	use per lin					7		RVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:								ET AND DEATH	
	MAMEDIATE CAUSE (c) Fneumonia, Lobular, Bilateral									
	DUE TO South coming concerns in a d									
	Conditions, if any, which some rise to immediate (b) Septicemia, generalized									
	cause (a), stating the		F	velonephriti	is.	acute, right				
Z	PARE (F. OTH)					NOT RELATED TO THE TERMIN		DITION GIVEN IN P	APT 1101 10	WAS ALITOPSY
CERTIFICATION	4418						010 01000000000000000000000000000000000	DITION ON LIN KY 17		PERFORMED?
Ä	200. ACCIDENT WAS	UNDERLYING (T)	20h DESC	TRIBE HOW INJURY OCCU	IPPEC). (Enler nature of injury in Pa	net t as Part II of 1	ton 10 1		YES NO
120	OR CONTRIBUTING I	L ! CAUSE OF DEATH I	200 00.30	CHIEF LIGHT MAJORI CCCC	MACO	, temer notore or injury in re	on i gi rgit ii gt i	nem 10./		
Ar.										
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Manth, Doy, Yea	r 20d, IN While at work	Nat while	fact	CE OF INJURY (Home, form, tary, street, affice bldg., etc.)	20f (City or tov	rn)	(County)	(State)
	21 Landific the	at I catendad the	daaaaa	28 Fab	4110	*** 10 E8 . O	Mana	·		
	1: 2 M	an anended me	-	S HOW FO FEDI	<u>. up</u>	ry, 1958, 6 2	MITGH	., 19 <u>2Q</u> that	l last sav	w the deceased
	dille ou = Tr	alive on 2 March 1958, and that death occurred at 10:15AM, from the causes and an the date stated above								
	ACTUAL /	no al.	6-				DDRESS (Street, ci			DATE SIGNED
	ACTUAL SIGNATURE / New Comments of March 1988 May 10.5. Naval Hospital, Bethesda, Md. 3-3-58									
	PHYSICIAN'S									
	NAME (Type) M.	ROTNER	LT M	C USN		U.S Naval	Hospita	1, Bethes	da. M	d.
220	BURIAL CREMATION	(, 22b. DATE THEREO	F	224 NAME OF CEMETER	Y OR			Lify, town, or county		(State)
Bı	REMOVAL (Specify)	3-6-58		Arlington	Na	t'l Cemetery		ton, Virg		
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	210		BY REGISTRAR	246 REGISTRAR'S		
Ga	ertner Fune	eral Home,	Gait	hersburg, Mo		DATE wash	WCQ.	Chilings of the same	Spiriture of a strange or	

DATE NAME 7

A NAME OF SAME AND WAS A

Reg. Dist. No.

			· · · · · · · · · · · · · · · · · · ·								
	PLACE OF DEATH D. COUNTY	MONTGOMERY	MARYLAND		USUAL RESIDENCE (Who o. STATE MARYLA		d lived. If institution b. COUNTY		omery	ssion)	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ASHTON C. LENGTH OF STAY IN 1b 34 yrs.				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) ASHTON							
	d. NAME OF HOSPITAL (If not in hospital), give street address) OR INSTITUTION Rt. # 29				d. STREET ADDRESS Rt. #29				ON	A FARM?	
	NAME OF DECEASED (Type or print)	First MARY	Middle ELIZABETH ERV	IN	Lost	4. DATE OF DEATH	Monit MARCH		Day	Yeor 19 58	
5. 9	ex FEMALE	W074 T-0175	MARRIED NEVER MARRIED DOWED DIVORCED		ATE OF BIRTH 2/25/76		9. AGE (in years lost birthday) 81 yrs.		YEAR IF UNI		
	. USUAL OCCUPATION during most of work Homemaker	DN (Give kind of work done king life, even if retired)	Own home	USTRY	Maryland		ountry)		S. A.	T COUNTRY	
_	FATHER'S NAME		41111 21 0220	1.	4. MOTHER'S MAIDEN N						
	Benjamin	Thompson			Amanda Flo						
[Y-01		R IN U. S. ARMED FORCES (If yes, give wor or dates of service	4		rmant Vm. E. Ervin	, Rt.	#29, Ast		arylan	d	
	18. CAUSE OF DEA	TH [Enter only one couse	per line for (o), (b), and (c);	-					INTERVAL		
	PART I. DEA	TH WAS CAUSED BY:	60	N	0-11				ONSET AN	D DEATH	
	His ord IMMEDIATE CAUSE (c) 18 MANUAL OR STATE (c) 18 MANU										
	DUE TO										
	Conditions, if any, which) (b) Asmelablegea (C.F.)								3440		
	gove rise to i	mmediate (-7		X						
	couse (d), stating the under-								hu.	1	
ا ہا	lying couse last.	, (c)	00 00 000			1			11/20		
CATION	491 X	HER SIGNIFICANT CONDITI	ONS <u>CONTRIBUTING TO DEATH</u> BU	T NO	T RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIVE	N IN PART	PERF	ORMED?	
CERTIFICATION	20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] 206 CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED (E	nter noture of injury in P	ort I or Por	t II of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour a. jr. p. m.	10	20d INJURY OCCURRED 20e. P While Not while for work at work	LACE octory	OF INJURY (Home, farm, , street, office bldg., etc.)	20f. (City	or lown)	(Co	ounty)	(Slote)	
	21 Leastifu th	agt I attended the de	rensed from "2/1/		1957) to 3	130	, 19. 5 i	About I Io	46 com the	- doces	
	΄	7 24									
	alive an		18 3 and that deat	n ac	curred at 12:00A						
	ACTUAL SIGNATURE	mBe		M.D.	Land	LODRESS (S	treet, city or town, s	tote)	no	DATE SIGNED	
	PHYSICIAN'S NAME (Type)	J. W. BIRI)		,		/	/	*6		
22a	BURIAL, CREMATIC		22c. NAME OF CEMETERY	OR CR	REMATORY	22d. LOCA	TION (City, town, at	county)	fSt	ote)	
	REMOVAL (Specify)	4/1/58	WOODSIDE CEME				OW, MARYL		(5.		

SILVER SPRING, MD.

24g. REC'D BY REGISTRAR

DAMAR 3 1 '53

24b. REGISTRAR'S SIGNATURE

TO FUNERAL DIPER page 3 should TO HOSPITAL OR

funeral director, uld be fited with

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

d by the haspital or attending physicion.

ECTOR: After this certificate has been signed by the attending physicion and campletely filled in b detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and or to burial, cremation, ar remaval, and in any event within 72 haurs after death.

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REAU V. S.

青枣

8351 IC 8v.

TECETA EU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. &

DECEDAED.

[State]

DATE SIGNED

03487

e. IS RESIDENCE

Hours

day

Fr.

PERFORMED?

YES NO

ON A FARM?

YES NO T

Year

1958

alive on March ACTUAL SIGNATURE

PHYSICIAN'S

NAME (Type)

23 FUNERAL DIRECTOR'S SIGNATURE

Richard Crout. M. D.

The Clinical Center

National Institutes of Health Maryland Bethesda 11

and that death occurred at 4:30AM, from the causes and on the date stated above.

ADDRESS (Street, city or fown, state)

22d LOCATION (City, town, or county)

(Stole)

220. SURIAL CREMATION, 226 DATE THEREOF

ADDRESS

1400 Che

22c. NAME OF CEMETERY OR CREMATORY

24a, REC'D 8Y REGISTRAR

24b. REGISTRAR'S SIGNATURE

0 VS A15 (4) 15M 10/57

may be retaine O FUNERAL D' page 3 shaut

I director, filed with

uneral Id be fi

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and

the

5

been signed

has

certificate

burial-transit

detach by the

haurs after death. Page,



BUREAU V. E.

8261 81 9AM

BUREAU V. S.

8281 88 AAM

ARYLAND	STATE I	DEPARTMENT	OF HEALTH-BALTI	MORE, 18	8

CERTIFICATE OF DEATH 3526 Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before did mission a. COUNTY a. STATE **b.** COUNTY MARYLAND lontgomery Kentucky b. CITY OR TOWN (If outs de corporate limits, write C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate timits, write RURAL and give negrest town) RURAL and give nearest town) Bethesda days Redcliff DDA.3 d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE OR INSTITUTION ON A FARM? The Clinical Center, Bethesda 14. Md. YES NO 4 Route 1 NAME OF Middle Lost 4. DATE Month Day Year DECEASED OF DEATH (Type or print) Barbara Fetterman Ann March 19 58 IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE | 7. MARRIED TO NEVER MARRIED B DATE OF BIRTH AGE (In years lost birthday) Manths Days Hours Min WIDOWED [DIVORCED [Female White yrs. 100 USLAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife None Pennsylvania U. S. A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Earl M. Graham Mary A. Reese 17 INFORMANT The Medical Record Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. No The Clinical Center, Bethesda 14. Maryland CAUSE OF DEATH [Enter only one cause persine for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Canditions, if any, which **(b)** gave rise to immediate **DUE TO** cause (a), stating the underlying couse last PART ALOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES P NO | 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DICAL 20c TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d, INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m While Not while al work at work 58 to March 11 , 1958 that I lost saw the deceased 21. I certify that I attended the deceased from February 2 March that death accurred at 8:00 p.M., from the causes and an the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED 12/58 ACTUAL The Clinical Center SIGNATURE The National Institutes of Health PHYSICIAN'S NAME (Type) Carlos Ra /Lombardo. Bethesda ll. Maryland 226 DATE THEREOF BURIAL, CREMAT ON, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) ransit Bellwood, Pennsylvania

24g, REC'D BY REGISTRAR

358

DATE MAR 1

24b REGISTRAR'S SIGNATURE

0 VS A15 (4) 1SM 10/57 3/13/58

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert A. Pumphrey-Bethesda, Md.



BURRAU K. E.

ofter death. Page

within 24 hours

certificate

requires that the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BURKAU V. E.

BBEI BS MANS

SECENAED

FOR HEAL

TO REPUTE MEDICAL EXAMINED This certificate sharid an executed within 24 hours after Reath. If any delay is necessary, please execute the Configure withing the word "pending" in pendi in them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be confed to the Chief Raminies' Examines' Office along with form PMS. Page 5 may be retained formy aver filed may be retained for your filed. TO PREAE CTOP: And A pending the hourd on a huminishment in the pages 1 and 2 with the State. 4 should be TO FUNERAL or its designate

ı	PLACE OF DEATH	Montgomery		MARYLANS	2. USUAL RESIDENCE	Where decease	b. COUNTY	on: Residence be	
-	and give nearest tow	flootside corporate limits, wr	TO PURAL	c. LENGTH OF STAY IN 16		If outside corp		~	
	d. NAME OF HOSPI			al, give street address)	STREET ADDRESS Bond Re			v	ON A FARM
	NAME OF DECEASED (Type or print)	John	Henry	Middle Gaines	Last	4 DATE OF DEATH	Month Far. 20,	Doy 1958	Year 19
	male	col	WIDOWED (11/24/ 1907		fort birthday) 50 yrs.	Months Doys	Hours Min
_	laborer	ON (Give kind of working life, even if retired	done 10b KiN	ID OF BUS NESS OR INDU	STRY 11 BIRTHPLACE (Stor		ountry)	12. CIT ZEN O	A
1	3. FATHER'S NAME	West Gair	tes		Lizzie		1		
	PART I. DE/ 434, / Conditions, if	idiote couse	Acute Expo		Heart Failure			E	woods
	gave rise to imme (a), stating the cause last.) (
140147 121	(o), stoling the couse last.	HER SIGNIFICANT CO	NDITIONS CON		NOT PELATED TO THE TER	4		, = ,	9. WAS AUTOPS PERFORMED? YES NO
CEDTICICAN	COLUMN THE COURSE IGST. PART I, OT COURSE IGST. PART I, OT COURSE IGST. PRIMARY D or CC CAUSE OF DEATH	HER SIGNIFICANT CO	Ob DESCRIBE F	tow injury occurred ute home thr	(Enter notice of injury in Pour Show Storm	when h	of item 18) e collaps		PERFORMED?
15	Co), stoling the couse lost. PART I, O1 20a, EXTERNAL C/ PRIMARY I or CC CAUSE OF DEATH CAUSE OF INJU Hour e, m p, m	HER SIGNIFICANT COLUSE WAS DATRIBUTING [2] JRY Month, Day, Y.	NOTIONS CON TO DESCRIBE H TAS ONT TO DOT 20d. IN. While of work	ute home thr occurred 20e. pi Nol while of work	(Enter notice of injury in Pour Shows storm	When h	of item 18) e collaps or town)	(County)	PERFORMED? YES NO

Bockville, Mi.

ADDRESS.

246 REC'D BY REGISTRAR

DATE MAR 2

Sandy Spring, Md.

246. REGISTRAR'S SIGNATURE

VS. A15ME 5M 2/57

23 FUHERAL DIRECTORS SIGNATURE

DECELVED *** - ****

** V UAEAUA

WARRINGTON, D.C.

CHAMBERS CO. 1400 CHAPIN ST. N.W.

240. REC'D BY REGISTRAR

26 REGISTRAR SAIGNATURE

O VS A15 (4) 1SM 10/57

80

HOSPITAL



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3530

CERTIFICATE OF DEATH

Reg. Dist. 43493

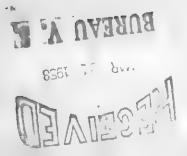
1, PLACE OF DEATH o. COUNTY	2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE
Montgomery	Vincinia 6. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Alexandria Kensington Life	Alexandria // >
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d STREET ADDRESS e. IS RESIDENCE ON A FARM?
Kensington Gardens Nursing Home	3000 McComes Ave. YES NO X
3. NAME OF EDWIN First Middle (Type or print)	lost d. DATE Month Doy Year OF DEATH 2 1058
THE PROPERTY OF THE PARTY OF TH	0 17 1738
SIGNALD THE PROPERTY OF	lost birthday) Months Days Hours Min.
Male White WIDOWED DIVORCED	April 3 1873 74 75
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retired	Washington, D.C. USA
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Thomas Hayden Gibbs	Helen Ashby
	NFORMANT Address Alexandria. V
no 1799, 949 was or added of Lettice) 577-03-7010A	Mrs. Frances Prowse 2501 Crest St.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
7/// 2/ \	2 - 2 - 2
d. tours land of	andiovascular heurl disease 2 years
I dove rise to immediate t	and of mentions are short
couse (o), stoting the under-	
lying couse lost. (c)	
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED?
	YES NO NO
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of item 18.)
	ACE OF INJURY (Home, form, 20f (City or town) (County) (State)
Hour a. m. While Not while for	clory, street, office bldg., etc.)
p. m. 19 of work of work	
21. I certify that I attended the deceased from	or, 1956, to 3-17-, 1958 that I last saw the deceased
alive an 3-1/-, 1958, and that death	accurred at 25 PM, from the causes and an the date stated above.
	ADDRESS (Street, city or town, stole) / DATE SIGNED
SIGNATURE CTOGRESS	1.3701 (Deverte 57 ell) 3-17-58
A D L L L	* **
PHYSICIAN'S CIROPER XULTUM	D. Washwestern 8 JC.
220 BUPIAL, CREMATION, 226. DATE THEREOF 22c, NAME OF CEMETERY O	R CREMATORY 220 LOCATION (C ly. town or county) (Stote)
Burial 3/20/58 Room (appell	Cemetery Washington DC
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g REC'D BY REGISTRAR 200, REGISTRAR'S SIGNATURE
Brice De la	MADA 9 '58 1 PPA office
1756 Pa. Ave. NW Wa	an Dillour

BUREAU Y. S.

MAR CELLYED.

MARYLAND	STATE DEPA	RTMENT	OF	HEALTH-	BALTIMORE,	14
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L		353	31_	CEKI	IFIC/	AIE OF L	JEAI	1		Reg. Dist	No.	494 -
1	PLACE OF DEATH	gomery		MAR	YLAND	2 USUAL RESI		ere deceased	lived If institute b. COUNTY FTIN			
	b. CITY OR TOWN (IF	outside corparole limi	ts, write	c. LENGTH OF STA	Y IN 16			utside corpori	pte limits, write R			
1	Bethesda	irest tawn)		20 days		Hvattsville /						
忄	d NAME OF HOSPITA	L (If not in hospital, g	ive street			d. STREET A						IS RESIDENCE
П	The Clinic	al Center	Bet	hesda 14.	Md.	5207	57th	Avenue	2			ON A FARM?
3		Fir		Middl		los		4. DATE	Mon	th	Doy	Year
	(Type or print)	Gá	LY	Guy	T	Giena	er	OF DEATH	Max		25	1958
5	SEX	6. COLOR OR RACE	7 MARE	HED NEVER MARR	IED K	B. DATE OF BIRT	Н	1	7 AGE (in years lost bighday)			UNDER 24 HRS
	Male	White	WIDOW	ED DIVORC	ED 🗍	May	20. 1	941	16 yrs.	Months [Doys h	louss Min
1	00 USUAL OCCUPATION	N (Give kind of work o	one 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPL	ACE (Slote	ar foreign cai	untry)	12. CITIZ	EN OF	WHAT COUNTRY?
	None	ng ine, even ir renred		None		Mary	rland			U	. S.	A .
1	3 FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
	Guy Gienge	r				Anna	a Maie	Edmur	nds			
1	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY N	0. 17 1	NFORMANT TI	ne Med	ical R	Record Addi	ess		
	No			None	Ţ	he Clini	ical 0	enter.	Bethes	la lli.	Mar	vland
Γ		H [Enter anly one ca	use per lis	ne far (a), (b), and (c				1.1	1		INTERV	
ı		H WAS CAUSED BY IMMEDIATE CAUSE (o)		Mosam	e (erely	al	Hem	ann	りと	ONSE	X-11 / U
L	20143	DUE TO	,	. —	ma A				1 1	11		O 1 1
L	Conditions, if an			leule	MW	clore	na	re of	owke	wel.	1.	near
L	gove rise to im				1			V				7
1.	lying cause last.) (c										
ACIT A C	<u> </u>	R SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART		WAS AUTOPSY PERFORMED? ES X NO
CEOTIE		CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURRE	O (Enter nature a	if injury in P	art I or Port	II of item 18]			
MEDICAN	20c TIME OF INJURY	Month, Day, Yea		NJURY OCCURRED	20e. PL	ACE OF INJURY (Home, form	20f (City	or lawn)	(Co	ounty)	(Stote)
MART	p. m.	19	While of wor	Not while		indigit arread, direct	t blog., etc	1				
	21. I certify tha	t I attended the	decease	ed from Mai	ch	5 . 19 58	ta M	larch	25 1958	that I le	ist saw	the deceased
	1.0	exch 25				occurred at	4:50P	M. from	the causes a	nd on the	dote	stated abave.
	1.(h	Ó					eet, city or town,			DATE SIGNED
ı	ACTUAL SIGNATURE	Janl	141	pros	2-	Mo The C	Clinic	al Cen	ter		3	3/26/58
	PHYSICIAN'S			- 17		Natio	nal I	nstitu	ites of b	ealth		
L	NAME (Type)	Dane R. B	oggs	M. D.		Bethe	esda 1	4. Mar	yland		_~~~~	
2	20 BURIAL CREMATION			22c. NAME OF CEA					ON (City, town, o			(State)
L	Burial	3/28/58	3	George	Was	hington		Hyat	tsville	Fid.		
23	FUNERAL DIRECTOR'S	.5		ADDRESS				BY REGISTR		TRAR'S SIGN	NATHRE	
	F. Gase	ch's Sens	Hy	yattsville	e, M	d e	DATE MA	R3 1 '51	B () in	Local	1114	



ADDRESS

Bethesda.

23 FUNERAL DIRECTOR'S SIGNATURE

Pumphrev

MARYLAND STATE DEPARTMENT OF HEALTH-BALTI

VS A15 (4) 15M 10/57

MORE, 1	8			
	Reg. Di:	st. 100)	349	5
ved If institution b. COUNTY	Residen	ce befo	mer	
e limits, write RU	RAL and	give nec	prest town)
a Lane				IDENCE FARM? NO 🏋
Mont	h	Po	y	Yeor
March	1	2,		19 58
AGE (In years lost birthdoy)	Months	Doys	Hours	R 74 HRS Min.
fry)	12 CIT	IZEN O	F WHAT	COUNTRY?
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dison				
Addre		em#	2	
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und		-	/0 \	1RJ
ONDITION GIVE	N IN PAR	T 1(o) 1	9 WAS PERFO YES T	AUTOPSY PRMED?
of item 18.)				
lown)	((County)		(Stote)
19.5 d	,that I	last so	ow the	deceased
the causes as		he da		ed abave. ATE SIGNED
getown	Rd	•	3-2-	-58
yland				
N (City, town, o	r county)		(Stot	e)

246. REGISTRAR'S SIGNATURE

24a REC'D BY REGISTRAR

4 F 2 L

8361 2 8V. 8.

DE CELA EU

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



8361 77 200



3462 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNT a STATE filed b. COUNTY MARYLAND on Tomeru b. CITY OR TOWN (If butside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) O d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION Tarium Greentlon YES NO 13 3. NAME OF DATE Middle Day Year DECEASED OF DEATH (Type or print) Marc 1958 COLOR OF RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH P. AGE (In years last birthday) Months Days Hours Min WIDOWED [DIVORCED | 10b USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Indiana 4.5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED BORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for fo), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO! 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (Slote) factory, street, office bldg., etc.) Hour o. m. While Not while at work at work 21. I certify that I attended the deceased from 19 Joint Hast saw the deceased alive on and that death occurred at 122 B_M, from the causes and an the date stated above. CTOR: ADQRESS (Sfreet, city or fawn, state) DATE SIGNED ACTUAL: SIGNATURE PHYSICIAN'S NAME (Type) FUNER 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City. page (State) REMOVAL (Specify) 10,1958 BURITH GATE HEAVEN 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 DATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

S'A Cilia

775 IL ic.

TECENALL.

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

ON A FARM?

YES NO TO

30

U. S. A.

Maryland

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO [

> > (Stole)

3/10/58

(Stote)

22d. LOCATION (City, town, or county)

24b REGISTRAR'S SIGNATURE

24g, REC'D BY REGISTRAR

1958

FUNERAL D

V5 A15 (4) 15M 10/57 220. BURIAL, CREMATION, 226. DATE THEREOF

Robert A. Pumphrey-Bethesda, Md.

REMOVAL (Specify) Pransit

23 FUNERAL DIRECTOR'S SIGNATURE





FOR STATE HEALTH DEPT.

ol d rector, Please IPUTY TEDICAL TAMINER: This martificate should be emouted within 24 hours after death. If any delay is moute the certificate, writing the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the funeral hauld be formed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be related UNERAL CIOR: Page 3 should be used as a burial-transit permit. Fire Dages 1 and 2 with the State 8 is designated agent, prior to burial, cremation, or removal, and in any frest within 72 hours after death.

2	GXG	A ST	10 凡	•
V5 51				
31	MIT A		,,	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3535 ICAL EXAMINER'S CERTIFICATE OF DEATH Real Dist. 10 3 4 9 9

I. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)
o. COUNTY MINICIPALOUS MARYLAND	o. STATE med b. COUNTY mon to
b CITY OR TOWN III outside for poroto lim to, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If aulside corporate limits, write RURAL and give nearest lawn)
and give neares fown)	1 × 0 =
d NAME OF HOSPITAL OR NSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS ets RESIDENCE
	ON A FAPM?
4740 Bearly Blod	1 4 140 Bradly Block, YES NOW
3. NAME OF DECEASED Middle	Lost 4 DATE Month Day Year
(Type or print) Joseph Jodewin Tre	enfield DEATH March 2 1958
5. SEX 6. COLOL OR RACE 7. MARRIED NEVER MARRIED 3	DATE OF BIRTH 9 AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS If UNDER 24 HRS
male W WIDOWED DIVORCED	3-24-84 73 yrs Months Days Hours Min
10a, USUAL OCCUPATION (Give kind of work done 18b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	TRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
physica neuropatholy	L Sentle 46 Br. I.
13. FATHER & NAME	14 MOTHER'S MAIDEN NAME
um & July 44.	El. 1- 2- 0-
15. WAS DECEASED EVER IN U. S. ARMED FORCES? VO. SOCIAL SECURITY NO. 177. II	NFORMANT Address
(You, no, or unknown) (If you, give war or dates of service)	2 Marie Mari
	ordine Mary Vellerfield (conf)
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	THE THE STATE OF T
IMMEDIATE CAUSE (0) Cornary a	Colonger sudden
1 .49.0, DUE TO	
Conditions, if any, which (b)	
gove rise to immediate couse (a), stating the underlying DUE TO	and the state of t
couse last (c)	
PART II, OTHER SIGNIF CANY CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PERFORMED?
# 200 EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCUPRED (E	inter nature of injury in Part 1 or Part 11 of Item 18)
206 EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCUPRED (E PRIMARY] OF CONTRIBUTING CAUSE OF DEATH.	
3 20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE	CE OF INJURY (Home, form, 120f. (City or town) (County) (State)
Hour a, m. While Not while lacte	ory, street, office bldg., etc.)
21. I certify that I took charge of the remains described abo	
opinion death resulted from: Natural causes 📶. Accident	, Svicide , Homicide , Undetermined monner
1- 1- 1	D A WE SIGNATURE
SIGNATURE Trank O. Brosstrast	M.D. CHIEF MEDICAL EXAMINER []
	ASSISTANT MEDICAL EXAMINER
NAME (Type) FAAK J. Broschart	DEPUTY MEDICAL EXAMINER 2 3-2-58
220. BURIAL, CREM/TION 226 DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY [22d. LOCATION (City, fown, or county) (Slote)
Cremation 3/3/58 Cedar Hill	Suitland, Maryland
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 246_REGISTRAR'S SIGNATURE
Robert A. Pumphrey-Bethesda, Md.	10 10 10 10 10 10 10 10 10 10 10 10 10 1
	DATE MAR 5 '59 CONTRACTOR

TECETABLE 1958

BUREAU V. S.

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18

3536 CERTIFICATE OF DEATH

Reg. Dist. No.

03500

	_											
	1, [LACE OF DEATH COUNTY MONTGOMERY	MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission] b. COUNTALEXANDRIA								
	Ī	CITY OR TOWN (If outside carporate limits, write RURA, and give nearest town) BETHESDA	c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF as		rite RURAL and	d give near	est fown)				
			23Days	Alexandria								
		S. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS			e.	IS RESID				
	U.		SDA, MD.	1210 JANNE	YS LANE			ON A F				
	3	NAME OF First	Middle	Lost	4. DATE OF	Month	Day	Ye				
		Type or print) SYDNIE	ARTHUR	GREENLEAF	DEATH	3	22	19	58			
	5 5	EX 6. COLOR OR RACE 7 MARE	NEVER MARRIED	B DATE OF BIRTH	9 AGE (In)	rears IF UNDE	RIYEAR	FUNDER	24 HRS			
		M CAU widow		11-10-1878	lost birtho	yrs Manths	Doys	Hours	Min			
\		USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired) S. NAVAL OFFICER	U.S. NAVY	NEW JERSI		12 C	U.S		OUNTRY			
1	13.	FATHER'S NAME		14 MOTHER'S MAIDEN N	AME							
J		ENOCH GREENLEAF		AMINE P	ERRY							
	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO 17 I	NFORMANT	ALEX	ANDRIA	VA.					
	ΥE		L	UCY W. GREENLE	EAF 1210 JA	NNEYS L	ANE					
		18. CAUSE OF DEATH [Enter only one cause per l	ne far (a), (b), and (c)]					VAL BETV				
		PART I. DEATH WAS CAUSED BY: CON	ONSE	T AND D	TAIM							
	420.0 DUE TO											
		Conditions, if any, which) AR	TERIOSCLEROTIC	HEART DISEASE	₹;							
		gave rise to immediate		1201212 2740221101								
		couse (a), stating the under-										
	z											
	OIL	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II										
•												
	CERTIF	200 ACCIDENT WAS UNDERLYING [] 206. DESI OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Po	ort I ar Part II af item 18	1						
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. II	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or town)		[County]		[Stole]			
	ED	Hour a m. While	Not while far	ctory, street, office bldg., etc.)			,		(0)			
	2			- F9 00	16 1059							
		21. I certify that I attended the deceas	ed from KI FEDFU	ary, 19 50, 16 22	March 1950	,that I	last sav	v the d	eceased			
		alive on 22 March 19	$58_{-,-}$ and that death	occurred at 13412	3M, from the caus	es and on	the date	stated	above			
		- BG B	1	A	DDRESS (Street, city or i	own, state)		DAT	E SIGNED			
,		SIGNATURE K. G. Gally out	h	MD U.S. Naval	Hospital,	e the sd	a, Md	. 3-	22-58			
l		DISPERSION OF O	10									
		PHYSICIAN'S R.G. Galbraith, J	r.LT,MC,USN	U.S. Naval	Hospital,	ethesd:	a, Md	•				
	22a	BURIAL CREMATION, 226 DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	226 LOCATION (City, Id	own, or county)		(Stote)				
	B	URLAL (Specify) 3-25-58	ARLINGTON, NA		ARLINGTON			farmel				
0	23/	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	1	BY REGISTRAR 24b.	REGISTRAR'S SI	IGNATURE					
	CU	nningham cameron	AND ALFRED ST			2000	SHOW					
			VI	i (CP II) II II A	143 W							

BUREAU V. S.

8361 88 **NA**M

DECEIAED

IS RESIDENCE ON A FARM?

YES NO P

19

03501

Reg. Dist. No.

Day

Male	White	WIDOWED (DIVORCED [October			last birthday) 83 yrs.		Days	Hours	Min
usual occupation during most of works tired—	N (Give kind of work ong life, even if retired)	done 10b KIND O	F BUSINESS OR IND	USTRY II BIRTHI	URY, F	or foreign co 95 e.K.	County	12 CITI	S.		COUNTR
ATHER'S NAME		7		14. MOTHER	'S MAIDEN N	AME					
V, II; AM	FRANC	100	enstreet	Repe	ca		Wis				
VAS DECEASED EVER	IN U.S. ARMED FOR		SECURITY NO 17.	INFORMANT		Bens	Amin Add	es & Re	ens	+Rei	1
		5 77.0		ospital .		501	1. Add R	195 36			
	H [Enter only one co	use per line for (a), (b), and (c).]			Ken	Sington,	Md.	INTER	VAL BET	WEEN
	H WAS CAUSED BY: IMMEDIATE CAUSE (o)	<u>u</u>	remia						UNSE	TAND	ZIA.
446X	DUE TO	^ -			,	2					
Canditions, if an		Cirl	Urio polas	costs -	Mep.	hrelle	0 .		1	09	w
cause (a), stating th		1/	, ,,		. ,						
lying couse lost.) (c	Hy	YEAR EUSton							04	(r)
PART II. OTHE	R SIGNIFICANT CON	DITIONS CONTRIB	UTING TO DEATH BL	IT NOT RELATED T	O THE TERMIN	HAL DISEASI	E CONDITION GIV	EN IN PART	1(o) 19	WAS A	UTOPSY
											NO 🔲
ROD. ACCIDENT WAS DR CONTRIBUTING I IF EITHER, NOTIFY A	CAUSE OF DEATH	206. DESCRIBE H	OW INJURY OCCURR	ED. (Enter nature	of injury in P	orl I or Part	If of item 18.)		.,		
Oc. TIME OF INJURY Hour a.m. p m.	Manth, Day, Yea		Laritile	LACE OF INJURY octory, street offi	(Home, form, te bldg , etc.)	20f. (City	or town)	(C	ounly)		(State)
21. I certify the	it I attended the	deceased fra	m	1940	2, 10 m	arch &	, 19.5	That I le	ast sav	v the i	decease
alive on M	arch 4	19.58	, and that deat	h accurred a	4.40	M. fron					
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			7-66	DDRESS (St	reet city or town,	statel	c doid		TE SIGNE
ACTUAL GIGNATURE	Sandy.	· Jaylos		M.D. 2	140	Ja.	aur- N:	ω			
PHYSICIAN'S NAME (Type)	PAULI	V- TAY	LOR M.	J.			8 4 4 1 1 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4				n man has the spay
BURIAL, CREMATION	, 22b. DATE THEREO	F 22c N	AME OF CEMETERY	OR CREMATORY		22d. LOCAT	ION (City, fawn, o	r county)		(State)
BUTIAL Specify)	3/7/58	Ce	dar Hill (Cemetery		Suit	land, Md				
UNERAL DIRECTOR'S	SIGNATURE , ,		DRESS	. 2	24a. REC'D	BY, REGIST	RARCA 24b. REGIS	TRAR'S SIG	NATURE	^	
Juse/s/	7 Lin	but . 3	234 /11	SFAM	DATE	MAN /	The Co	UTHE	auc		
1 1					L						

TO FUNERAL DIFF page 3 should TO HOSPITAL OR

VS A15 (4) 15M 10/57 22a

23. F

OBVIESE SAM

2 .V UASAUG

DEPT director, Page for your files,

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03502

								Keg. Di	17. No.			
٠		D. COUNTY				2. USUAL RESIDENCE (V	Where deceased lived. If in	stitutions Reside	nce before admission)			
1	· "	Mor	ntgomery	M.	ARYLAND	° SMarylar	id b. COL	M YTM	ontgomery			
	Ь	. CITY OR TOWN OF	sutride corporate limits, write \$4.0	AL C. LENGTH OF ST	AY IN 16		outside corporate l'mits, w					
1		Bethesda				y Bethesd						
	d	A NAME OF HOSPITA	AL OR INSTITUTION (If no	I in hospitat, give street ad	dress)	d STREET ADDRESS			Te IS RE IL N I			
		8201 Old	Georgetown	Road		8201 Old	Georgetown	Road	YES NO			
	3, 1	NAME OF DECEASED	TARETO First	Middle	,	Lost	4. DATE M	onth	Doy Year			
		(Type or print)	JAMES	RICHARD		GRIEST	DEATH Marc	h 23,	19 58			
	5. S		6. COLOR OR RACE 7.	MARRIED T NEVER MAR	R ED 8.	DATE OF BIRTH	9, AGE (In year	IFUNDER T	YEAR IF UNDER 24 HE			
-	IVI	ale	White	DOWED DIVORC	ED 🔲 4	Aug. 19,190	0 foil birthday) 57	ri. Mooths [Days Hours Min.			
	10a	USUAL OCCUPAT C	N (Give kind of work done	106. KIND OF BUSINESS	OR INDUSTI	RY 11. BIRTHPLACE (Stote			ZEN OF WHAT COUNTR			
1		lectrical H	G life, even if relifed]	Vet. Adm.		Maryland		US				
1		FATHER'S NAME		1 000 110111,		14. MOTHER'S MAIDEN	JAME		-			
9		Charles	A Griest									
	15.		R IN U. S. ARMED FORCES	7 16. SOCIAL SECURITY I	VO. 17 IN	FORMANT Uar	oline Stale		-			
	Yes,	WW 11	(If yes, give was or dates of service	None			1021					
			No Transaction			II Iaili G Gi	iest-Item# 2	_	INTERVAL BETWEEN			
		18. CAUSE OF DEATH [Enter only one coure per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Coronary Occlusion										
	IMMEDIATE CAUSE (o) COLUMN TO COLUMN											
		420.1	DUE TO	W-m-mh-m-i-								
		Conditions, if or gave rise to immed		Hypertensio	Π				years			
		(a), stating the u										
		cause fast.	, (c)									
	ğ					OT RELATED TO THE TERMI	NALDISEASE CONDITION	GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?			
	2		of previous						YES NO 2			
	CERTIFICATION	PRIMARY OF CON CAUSE OF DEATH.	ITRIBUTING []	ESCRIBE HOW INJURY OC	CURRED (Er	iter noture of injury in Pari	i i or Pari II of item 18.)					
			V 44-35 Day V	TOOL INVENTOR OCCUPATO	Inc. The				~***			
	MEDICAL	Hour G. m.	Y Month, Day, Year	While Not while	facta	E OF INJURY (Home, form ry, street, office bldg., etc.	20t. (City or town)	(Coun	nly) (Stote)			
	¥	p. m.	19	of work of work								
		21. I certify th	ot I took charge of	the remoins describ	bed obov	re, held on Autops	y 🔲, Inspection 🛚	A, Inquiry	, and in my			
		opinian death i	resulted from: Note	ural causes 🔼 . Ac	cident [], Suicide [], 1	tomicide 🔲, Unde	etermined m	onner 🔲			
			1 0									
		SIGNATURE 7	rank J- 13	workant		M.D. CHIEF MEDICAL EX	AMINER		DATE SIGNED			
- 1		EXAMINER'S TO	manla de Dana			ASSISTANT MEDICA	AL EXAMINER 🔲					
		NAME (Type)	rank J. Bro	scnart		DEPUTY MEDICAL I	EXAMINER 25	3	3/23/58			
	220.	BURIAL CREMATION	N, 276. DATE THEREOF	27c. NAME OF CEA	AETERY OR	REMATORY	22d LOCATION (City, low	n, or county)	(Stote)			
		Eurial	3/26/58	Cedar	Hill	Cemetery	Suitland	J. pt	rl and			
	23.	FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS				GISTRAR'S SIGN				
	H	Robert n.	Pumphrey	Bethesda,	rad I'	land DATE M	AR 2 3 '58 (les stee	eh.			

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. 4 should be TO FUNERAL VS. A15ME 5M 2 57

D DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is receive the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be intered to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained 5 FuneRAL (CTOR: Page 3 should be ased as a burial-transis permit. File pages 1 and 2 with the State of ar its designated agent, prior to burial, cremotian, at removal, and in any event within 72 hours after death.

BUREAU V. E.

8261 38 AAM



77			2462		CERTIF	CATE OF	DEATH		Reg. Dist.	(135113 . No.	
	o. C	OUNTY	merzy		MARYLA	A STATE A	SIDENCE (Where de	ceased lived. If institution b. COUN'	TY #.4	transfer admission)	~~~
No.		JRAL and give n		nts, write	6. LENGTH OF STAY IN		TOWN (If outside	Shring	RURAL and giv	re neurest town)	
	1 A A C	AHCOMI IAME OF HOSPI IR INSTITUTION S HOWLETO	TAL (If not in hospitol,	1 4		d STREET		DRIVE		e. IS RESIDENCE ON A FARM? YES NO [2]	
[DEC (Typ	AE OF EASED e or print)	.FAnnie		(NMN) GuD	استا	EATH M	ionth ARCH	Day Year	
	5. SEX	F	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED ED (X DIVORCED (тн 1886 4 хб бб	9. AGE (In year lost birthday		YEAR IF UNDER 24 HRS	
	100. U	FINE MOST OF WOR	rking life, even if retire	d) ! .	KIND OF BUSINESS OR DWN home	NOUSTRY 11, BIRTH	4	on D.C.	12. CITIZ	EN OF WHAT COUNTS	RYT
	3. FAT	HER'S NAME	m E.	Ther	npsed	EL	s maiden name	h Sha	w	_	
		5 DECEASED EV	ER IN U. S. ARMED FO.		SOCIAL SECURITY NO	Bessie	L. Hol	115-203	Peabod	COSTN.W.	
	18.		ATH [Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE (DUE TO	· A	ne for (o), (b), and (c). I cute suba	rach noi	1 hem	orrhage.		ONSET AND DEATH	ſ
	Q CI	onditions, if a over tise to ouse (a), stating ing couse fost.	immediate DUE To	b]							
	CATION				CONTRIBUTING TO DEATH	BUT NOT RELATED T	O THE TERMINAL D	ISEASE CONDITION C	GIVEN IN PART I	1(o) 19 WAS AUTOPSY PERFORMED? YES NO	
		ACCIDENT W CONTRIBUTION EITHER, NOTIFY	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (Enter noture	of injury in Port I o	or Port II of item 18)			
	MEDICAL 200	Hour o.m.	RY Month, Doy, Y	While		fe. PLACE OF INJURY factory, street, offi	(Home, form, 20fice bldg., etc.)	. (City or town)	(Co	ounty) (State	1
		. I certify to	hat I attended the	deceas	ed from Mayc	eath accurred a	8, 10 N	from the causes	L,that I la	ist saw the decease date stated abo	ve
		TUAL CHATURE	Bennet	hi	Forter Ju	₩ мо 9301		ESS (Street, city or tow		ring Md Mars	
1	PH N/	YSICIAN'S IME (Type)	BENNET	A.	PORTER JA	1. M.D.		***	******		7
	220 BL	HIAL, CREMATIC MOVAL (Specify BURTAT	1 - 1-1 1-1		Rock Creek	Cemetery	1	shington,		(Stole)	-
	3. FUI	BALLI		8	434 Ja	are M	DATE MAR	24b. REC 24b. REC 24b. REC	GISTRAR'S SIGN	iek iek	
		- (1 (

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



7 .			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
*	()		3539 CERTIFICATE OF DEATH	
age declar	静		PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admiss on a STATE	d d
Filedin Filed		′L	MARYLAND MARYLAND MARYLAND DUNIGOTIEN	
deaff			b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	
fer of the		\vdash	d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREELADDRESS e. IS RESIDENCE	E
ours al	ê " e		OR INSTITUTION SUBJECTAN HOSPITAL ROUTE #1	?
n 24 he			NAME OF DECEASED (Type or print) BABY Middle (1) Middle (1) BABY Month Day Year OF DEATH MARCH 23 195	8
ety f		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H	RS
nplet ers.	, ~	120	VILLE COLORED DIVORCED 170 PC 1958 VIS. 1958	<u> </u>
execute id camp n papel death.	(I		USUA, OCCUPATION (Give hind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUN MARY LAND 12 CITIZEN OF WHAT COUN	TRY
on or corbo ofter	(·)	13.	FATHER'S NAME	
sicio			Total Title	
phy remo			WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address [1] yes, give wor or dates of service]	
oth o			THE CALLE OF DEATH IS NOT HERE	
decenter of the ple			18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and [c]] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	4
the Ther vent			762.0 DUE TO DUE TO	2/5
d by mit.			Conditions, it only, which gove rise to immediate precumily precumity thorax	1
an signeral per and in a			couse (o), stoting the under- tying couse lost. (c) Rugstaired pleaned bleto 4: men	6
ysicik been bran bran	0	NOI	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS PERFORMED?	SY
The physical right	*	FICAT	L	
IAN: lending ficate the by ar re		CERT	20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 of item 18.) OR CONTRIBUTING CAUSE OF DEATH OR EITHER, NOTIFY MEDICAL EXAMINER)	
YSIG of on		MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, foctory, street, office bldg, etc.) (County) (Store)	fe)
to the state of th		ME	p. m. 19 of work of work	
Mospinos Affer ed f			21. I certify that I attended the deceased from March 22 , 19 58, to harch 23 , 19 58, that I lost saw the decea	ıse
TENT the land			alive an med 23 ,1958 f. and that death occurred of 1304 M, from the couses and an the date stoted obc	
PR AT	1		ACTUAL SIGNATURE ADDRESS (Street, city or town, stole) DATE SIGNATURE	NEI
retain RAL Di shou di	,		PHYSICIAN'S Dr. James S. Stanton 609 liers Hill R. Ackilla M	/ >
HOSP oy be FUNEI 13ge 3 e regi		220	BURIAL, CREMAT ON, 22b. DATE THEREOF, 22c. NAME OF CEMETERY OR CREMATORY (22d LOCATION (City, fown, pr county) (Stote)	4=1
o HO o FUN Page the re	1		remarked 2-24-38 Quburban Hosp. Bethesda Mid-	
V\$ A15 (4)		28.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	
15M 10/57		_	Limited In. Carling, dept - DATE 100 7 50	_
		~	0/4////	



8961 4 HdV

BUREAU V. K.

	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18
6	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
should should oremo'	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
o Na	"COUNTY COUNTY COUNTY MARYLAND O. STATE MOUNTY Prince George
Poge ,	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
E 2 (M)	Takona Park DOA Huattsville Maryland.
à p	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
in so it is	Washington Sanitarium David Chilliam His Dr. 1850 NOR
delo rol o stron	3. NAME OF DECEASED First Middle Lost 4 DATE Month Day Year
une une regi	(Type or print) Dianne Elizabeth Harrington DEATH 2 22 1958
# 12 pe	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years lost birthdoy) Months Days Hours Min
ooth.	remale White Whowed Divorced 2-23-38
20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10c. USUAL OCCUPATION [Give kind of work done] 10c. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
The second	Washington, DC. Les
1. 2. 1. 2.	13. FATHER'S MAME
A hou	Richard V. Harrington Katharina Englert
Po 90 90 90 90 90 90 90 90 90 90 90 90 90	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes, give wor or deles of service)
(2 % ·	NO FATUET
P. S. €	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Z
and	IMMEDIATE CAUSE (0) Cisphyera tond deed
h fe	DUE TO DIE TO
	gave rise to immediate couse () Where tales and the second to the secon
old long uric	(a), stating the underlying DUE TO //V
or o o	COURSE GOLD
office of the contract of the	PART II, OTHER SIGNIFICANT CONDITIONS CONTROL OF DEATH BUT NOT RECALED TO THE TERMINACUISEASE CONDITION GIVEN IN PART (1915). WAS AUTOD?
E E E E E E E E E E E E E E E E E E E	TENTAL CAUSE WAS _ 200. DESCRIBE HOW INJURY OCCURRED. (Effor noture of injury in Part I or Port II of item 18.)
This ce comine the period of t	CAUSE OF DEATH.
1. W. S.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, affice bldg., etc.) While Not while of work of work of work
Man and a second a	
A Siting S	21. I certify that I taak charge of the remains described above, held an Autapsy . Inspection . Inquiry . Inquiry . and find that
10 S S S S S S S S S S S S S S S S S S S	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined cause .
S 5	ACTUAL CHIEF MEDICAL EXAMINER []
Marie 2	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER []
RAI Govo	EXAMINER'S TIAIN TIX had what I
DEPUTY A cute the cer forwarded to FUNERAL or removol.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
0 2 20 2	REMOVAL (Specify)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D 69 REGISTRAR'S SIGNATURE
VS A15ME(5)	Robert A. Pumphrey Betheesda, Maryland MAR 2 4 58
5M 9/55	91/11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1

server a month of the

28 ,V UALILI

8361 1 8.

DIAGEDE A

VS A15 (4) 15M 10/57

		354 0	CERT	IFICA	TE OF DEATH	1	Reg. Dist. N	2150
o COUN	TY	OMERY	MAI	RYLAND	2. USUAL RESIDENCE (WHO O. STATE Washir	ere deceased lived if institution agton b. COUNTY	D. C.	efore admission)
RURAL	and dive usate	itside corporate limits, s st town) Rural)	write c. LENGTH OF STA	1		ulside corporate limits, write RUI	RAL ond give r	nearest lown)
d NAME OR IN	OF HOSPITAL	(If not in hospital, give			d STREET ADDRESS 2755 Macomb		7 - 7 -	e. IS RES DENCE ON A FARM? YES NO 7
3 NAME O DECEASE (Type or	D	First Blanche	Midd Thyso	10.0	Lost ARRISON	4. DATE Month OF DEATH Marc		Day Year 30 19 58
SEX		COLOR OR RACE 7.	MARRIED NEVER MARR	RIED 🔲	June 1, 1880	9. AGE (In years I lost birthday)	-	AR IF UNDER 24 HRS
Fema Ou. LSUAL during	OCCUPATION (Caucasian W (Give kind of work don life, even if retired)			TRY 11. BIRTHPLACE (Stole		12 CITIZEN	OF WHAT COUNTR
HO13:	sewife NAME		None	-	Washingto		U.	S. A.
	CEASED EVER IN	orge THYSOL	7 16 SOCIAL SECURITY N	O 17 H	Susan DEWI	NEY Addres	3S	
No	nown, (ir ye	t, give wor or dame or service	None	Pa	ulus THYSON ((Bro) 4405 Harr	ison S	t., Wash.,
		WAS CAUSED BY MEDIATE CAUSE (o) E	per line for (o), (b), and (c extension of) coronary Arte:	Myoca	rdial Infarct	ion	2	TERVAL BETWEEN NSET AND DEATH HO hrs
lying	rise to imme o), stoting the couse lost.	under- DUE TO						
6		significant condit med Arterio		EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	V IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO X
OR CON	CIDENT WAS UITRIBUTING TO ER, NOTIFY MED	NDERLYING [] 201 CAUSE OF DEATH DICAL EXAMINER)	DESCRIBE HOW INJURY (OCCURRED	. (Enler noture of injury in P	ort I or Port II of item 18.)		
	E OF INJURY I	10	20d. INJURY OCCURRED While Not while of work of work	20e PLA foc	CE OF INJURY (Home, form, tory, street, office bldg., etc.	20f. (City or town)	(Count	y) (Stote)
1	ertify that	l attended the de	eceased fram Feb 2		1958 , to Ma	x 30, 1958 M, from the causes and	that I last	saw the deceas
ACTUAL	1	elemly	Codrag			ADDRESS (Street, city or town, str Hospital, Bethe	ole)	DATE SIGN
PHYSICI NAME (S. CALDWEL	L LT MC USNR		* 455 - FE 1574 - FE 1574 - FE 1555 - SE 1554 - SE 155			
220 BUDIAL		226. DATE THEREOF	22c. NAME OF CEA	METERY OF	CREMATORY	22d. LOCATION (City, town, or	county)	(Stote)
REMOV.		April 2. 1	OSS Arlington	n Met	ional Cemeter	y Arlington	,,	Va.

US VIEDER

2 .V UAZAT

lin	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18							
V	3465 CERTIFICATE OF DEATH Reg. Dist. No. 507							
james .	1 PLACE OF DEATH o. COUNTY o. STATE O. STATE O. COUNTY O. COU							
63	. COUNTY Montgomerch MARYLAND STATE Maryland b. COUNTY Montgomery	-						
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	Takoma Park Takoma Park							
print who	d NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION e. IS RESIDEN ON A FAR	ICE M?						
	Washington Sandarium & Hospital 1 6902 Sycamore Hue. YES No	X						
	3. NAME OF DECEASED Lost V4. DATE Month Doy Year OF DEATH MONCH 19	4						
	(Type or print) (article Bounton Haynes DEATH March // 19: S SEX 6 COLOR OR RAGE 7. MARRIED B DATE OF BIRTH 9. AGE (In your IF UNDER 1 YEAR IF UNDER 24							
	all the will all the second of	Ain						
	100 USUAL OCCUPATION (Give kind of work done) 106. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country)	JNTRY?						
-	during most of working life, even if refired)	11.5						
1	13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME							
\	Samuel Haynes Loretta Bazzell							
	15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes no. or unknown) (If yes, give wer or doles of service)							
	No Chart							
	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c)]	EN						
	immediate cause (c) A Clemia	41						
	446 × DUE TO M.							
	Conditions, if ony, which gove rise to immediate (States align) Rephra Aclerasia Lyng							
	couse (a), storing the under DUE TO lying couse last.	16 0						
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTO	OPSY						
2	3 adrene Carticle atrash, dung aliscens Emprem 45 12 No							
	200 ACCIDENT WAS UNDERLYING TO 200, DESCRIBE HOW INVESTIGATION PORT LOS POR							
	OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (States)	Stole)						
	p. m. 19 of work of work							
	21. I certify that I attended the deceased from Jaw 1957, 19 , to hw 11 , 1957, that I lost saw the dec	eased						
	alive on 1958, and that death occurred of 910 P. M. from the causes and on the date stated a	ibave,						
	ACTUAL ACTUAL ADDRESS (Street, city or town, stote) DATES	IGNED						
1	signative with one of war and mo war was the war was							
	NAME (Type) RAYMOND O. WEST.							
	270. BUHAL CREMATION 276. DATE THEREOF 27 NAME OF CEMPTERY OF CREMATORY 220 LOCATION (Chr. town, or company)	7						
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A 240 RECUDENT SIGNATURE ADDRESS A 240 RECUDENT SIGNATURE ADDRESS	steed						
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 246 REGID BY BEGISTERAR & SIGNATURE DATE DATE							
	A market total and the same of							
	//							

BUREAU V. S.

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Reg. Dist. N.03502

	0011	Reg. Dist. 10	O'L ARRA LATE						
	i. Place of Death o. C. Wontgomery MARYLAND	2 USUAL RESIDENCE (Where deceased lived if institution Residence bet b. COUNTY Montgor	ore odmission) nery						
	b. CITY OR TOWN (If outside corporate limits, write Betfal and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	Betnesda	XBethesda							
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?						
	7540 Hampden Lane	7540 Hampden Lane	YES NO X						
	3 NAME OF First Middle (Type of print) WATHRYN LYTLE HE	ENNESSEY 4 DATE Month Cof DEATH March 21, 195	Soy Year						
		8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEA	R IF UNDER 24 HRS						
	Female White WIDOWED DIVORCED	Sept. 30 1900 57 yrs 5 21	Hours Min						
	10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU-	STRY 13 BIRTHPLACE (State or foreign country) 12. CITIZEN	OF WHAT COUNTRY?						
1	Housewife Own home	Pennsylvania U	S						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	Marxhall Blaine Lytle 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO. 117. #	Katherine Herrick							
	(Yes, na, or unknown) (If yes, give wor or dates of service)								
	NO NONE]	Chilip J Hennessey, same as 2	d Transfer						
	PART I. DEATH WAS CAUSED BY.	la considerate	TERVAL BETWEEN						
	IMMEDIATE CAUSE (6) Line 131 as 7 as c	IMMEDIATE CAUSE (c) Core 185 as y as aux as a contains.							
	33/X DUE TO P. 1.11 at 1								
	Conditions, if any, which (b) CAPDARU CHUM	a nemmage	mour.						
	couse (a), stating the <u>under-</u> lying couse lost. DUE TO (c)								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?						
			YES X NO						
	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Port I or Port II of item 18.)							
	3 20c TIME OF INJURY Month, / Day, Year 20d INJURY OCCURRED 20e PL	ACE OF INJURY (Home, form, 20f. (City or town) (County	y) (State)						
	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED low Hour c. m. While of work of work	clory, street, office bldg., etc.)							
	21. I certify that I attended the deceased from 194 8	19 to May 2/ 19 1 Short I lost:	cour the deceases						
ı		occurred at 22 FM, from the causes and on the d							
		ADDRESS (Street, city or lown, stote)	DATE SIGNED						
ı	SIGNATURE CONTROL TO THE LEX	MD 1726 Ere Str. K.W.							
	PHYSICIAN'S NAME (Type) Educated J Streethitz	Washing tim De							
	220 BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY O	, , , , , , , , , , , , , , , , , , , ,	(State)						
	Cremation 3/25, 58 Cedar Hill								
	Robert A. Pimphrey Rethesda Wai	240. REC'D BY REGISTRAR 240. REGISTRAR'S STGNAM	PRE						
-11	DIDETT A. FIBILITY MELLESON NAI	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -							

may be retained by the hospital or attending physician.

TO FUNERAL D. GOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, and page 3 shault detached for use as the build-transit permit. Then please remave carbon papers. Pages 1 and be filled with the registrar in to burial, crematian, or remaval, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4

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FOR STATE

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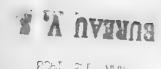
TO DEPUTY MINICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the conficate, writing the word "pending" in pencil in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relatined for your files.

TO FUNERAL "CTOR: Page 3 should be used as a build-transit permit. File pages 1 and 2 with the State (1) of Health, or tematian, as remained, and in any event within 72 hours after death.

VS. ATSME 5M 2 57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03510 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

- 1			OF 40		Reg. Dist. No.					
٠	1, 1	LACE OF DEATH	3543	- The second second devices	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
	0	. COUNTY	Montgomery	MARYLAN	o STATE Maryland b. COUNTY Montg.					
	b	. CITY OR TOWN 1st	outs de corparate limits, write \$6.8	a. c. LENGTH OF STAY IN 1						
		(4.1	y Chase	5 vrs	Chevy Chase					
	d	NAME OF HOSPIT	AL OR INSTITUTION (If no	I in hospital, give street address)	d. STREET ADDRESS e IS RES DENCE					
		3607 C	hevy Chase	Lake Dr.	3607 Chevy Chase Lake Dr. VES NO IN					
	E	NAME OF DECEASED Type or print)	Rita W.	Middle Hines	Lost 4. DATE Month Doy Year OF DEATH Page 7, 1958 19					
	5. 5	ŧΧ	6 COLOR OF RACE 7.	MARRIED 🖟 NEVER MARRIED 🗆						
		female	white w	DOWED DIVORCED	May 23, 1876 81 yrs Months Doys Hours Min					
	10o.	usual occupation working most of working HOUS	ON (Give kind of work done a life, eyen if relired) EWIIE	10b. KIND OF BUSINESS OR INDI	ISTRY 11 BIRTHPLACE (Store or foreign country) 12. CITIZEN OF WHAT COUNTRY? Cal. USA					
N	13.	FATHER'S NAME			14. MOTHER S MAIDEN NAME					
Α		Gen.	Wm A. Wher	ry	Alice Grammer					
		WAS DECEASED EV	ER IN U.S. ARMED FORCES		INFORMANT Address					
		No.		None	Alice Cleland(daughter) Sames # 2					
		18. CAUSE OF DEA	TH [Enter only one couse p	er line for (o), (b), and (c).]	INTERVAL BEZWIEN ONSLI AND DEAD+					
		PART I. DEATH WAS CAUSED BY: Angina Pectoris sudden								
		420.2	DUE TO							
		Conditions, if a		4						
	Ų	gave rise to immed (a), stating the s			area shows assumed matters, and a suppression of the suppression of th					
		couse last.	(c)							
	Z				T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?					
٥	CATION	r r	acture of l	eft hip Sept.	1957 YES □ NO [¥					
	CERTIFI	20a. EXTERNAL CAL FRIMARY or COF CAUSE OF DEATH.	JSE WAS NTRIBUTING []	ESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port I or Port II of item 18.)					
	MEDICAL	20c. TIME OF INJUI	RY Month, Day, Year		LACE OF INJURY (Home, Form, 201, (City or lown) (County) (State)					
	찚	Hour a.m.	19	White Not while to work of work of work	actory, street, office bldg., etc.)					
		21. I certify th	of I look charge of	the remains described a	pove, held an Autapsy [], Inspection [X], Inquiry [X], and in my					
				ural causes 📆 . Acciden						
		ACTUAL SIGNATURE	Frank le	Broschart						
3		EXAMINER'S			ASSISTANT MEDICAL EXAMINER					
	-	NAME (Type)	Frank J.	Broschart	DEPUTY MEDICAL EXAMINER (Mar. 7, 1958					
	_	REMOVAL (Specify)	N, 22b DATE THEREOF	27c NAME OF CEMETERY	44,					
		Burial FUNERAL DIRECTOR	1 3/11/58	Arlingtor ADDRESS	National Arlington Virginia 240. REC'D BY REGISTRAR 246. REG STRAR'S SIGNATURE					
		Robert A	Pumphrey	Bethesda, ыа	ryland DATEMAR 1 2 '58 Que Leauch					





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03511 **CERTIFICATE OF DEATH** 3544 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY **b.** COUNTY MARYLAND Montgomerv arvland Montgomerv death. eral b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Farthing Drive. Silver Spring. Ad d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO TO ionts. County General Hospita Fartling Ξ. 3. NAME OF 4. DATE Middle Lessit Year Dov DECEASED OF DEATH (Type or print) Horman March 58 Cherry 19 Jynn S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED K B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthdoy) Months Hours Min. DIVORCED [7] WIDOWED [7] Female YES. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Tnfant Maryland none 13. FATHER'S NAME 14. MOTHER'S MATDEN NAME physician George Robert Horman Margaret 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address tending George Robert Horman None same 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1, DEATH WAS CAUSED BY: **DUE TO** Conditions, if ony, which) gove rise to immediate **DUE TO** couse (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 PERFORMED? 72624 YES INO IT 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg. etc.) O. m. While Not white of work p. m. at work 21. I certify that I attended the deceased fram that I last saw the deceased and that death occurred at The from the causes and an the date stated above ő ADDRESS (Street, city **ACTUAL** SIGNATURE 200 PHYSICIAN'S NAME (Type) FUNER 22b, DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) REMOVAL (Specify) Parklawn le. Maryland O 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 8 246. REGISTRAR'S SIGNATURE VS A15 (4) Pumphrev Bethesda. Larvl DATE 15M 9/5S

OBVIBBER MAR 20 1958

BUELAU K. E.

death certificate be

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F HEALTH—BALTIMORE. 18

B V UABBUA

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Buriet, May 123 George L. 124 Ety Pares Rd MEGETAEL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03513 3546 **CERTIFICATE OF DEATH** Reg. Dist. No director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Filed o. COUNTY o. STATE b. COUNTY MARYLAND Montgomery Marvland Montgomerv ne funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Silver Spring Olney 6 days d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1239 Colesville-Beltsville Road YES NO 🔀 Montgomery County General Hospital. Ind. ₽. 5 NAME OF Middle Lost 4. DATE Manth Day Year DECEASED (Type or print) Dianne DEATH 8 Richetta Jackson ≣ March 19 58 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED BET B DATE OF BIRTH 9 AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS campletely Manths Days Haurs Min. WIDOWED | DIVORCED T Female March 11, 1958 Negro yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY! death. and Newborn Maryland U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME haurs Richard John Jackson Margaret Anne Davennort 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address attending no Hospital 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." INTERVAL BETWEEN ā ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
- IMMEDIATE CAUSE (a) 1 day **DUE TO** څ permit. Conditions, if any, which duy gned gove rise to immediate **DUE TO** couse (a), stating the underand lying couse lost. **burial-transit** [c]. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES IN NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) certificate 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, form, Day, Year 20d. INJURY OCCURRED 20f (City or lown) (County) (State) Hour o. n. factory, street, affice bldg., etc.) While Not while 10 ot wark 🗌 Of work a. m. 21. I certify that I attended the deceased from ____that I last saw the deceased pached alive an that death occurred at M, fram the causes and an the date stated above. CTOR de ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE **PHYSICIAN'S** RAL shou Ri chard NAME (Type) FUNER 220. BURIAL CREMATION. 22b. DATE THEREOR 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) Good Hope. 19 Colesville, Md. o 23. FUNERAL DIRECTOR'S BIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Rockville, Md. VS A15 (4) DATEMAR 2 1 15M 9/55

haurs after death.

within

certificate

P. V UABRUS

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CERTIFICATE OF DEATH

	3347					CERTIFICATE OF DEATH					Reg. Dist. No.			
	1. PLACE OF DEATH o. COUNTY							DENCE (Wh	ere deceosed	lived. If institu		dence befo	re admis	ion)
	٩		Montgomery	MARY	LAND	o STATE	Maryla	and	b. COUNT	Y Mc	ntgor	nery		
j	t	b. CITY OR TOWN (II	f outside corporate limit	s, write	c. LENGTH OF STAY	1N 1b	c. CITY OR	TOWN (If o	utside corpoi	rote limits, write	RURAL or	nd give nec	iresi low	n)
		Silver Spr			50 yrs.		Silve	r Spri	ing					
n	,	d. NAME OF HOSPIT	AL (If not in hospital, g	ve street	oddress)		d. STREET A	DDRESS					e. IS RES	SIDENCE A FARM?
							J.	acksor	n Rd.					NO 🔼
	3 NAME OF Fit		4	Middle		Los	d	4. DATE OF	M	onth	Do	iy	Year	
		(Type or print)			Benne	Bennett		Jackson DEATH		March		28	17.2	
	5 5	SEX	6. COLOR OR RACE	7. MARS	NEVER MARRI		DATE OF BIRT		,	9. AGE (In year last birthday)	Month	DER FYEAR	-	ER 24 HRS.
		Female	White	WIDOW	ED 🔃 DIVORCE	D 🔲	Sept.5,	1878		79 yr	<u> </u>	1	Hours	
	10o	. USUAL OCCUPATION during most of work	N (Give kind of work of ing life, even if retired)	one 10b.	KIND OF BUSINESS C	R INDUST	RY 11. BIRTHPI	ACE (Stole	or foreign co	ountry)	12.	CITIZEN C	F WHAT	COUNTRY?
		Housev			Own Home				lle, M	d.	USA			
):	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
			H. Bennett					Mause	9					
	15. (Yes	WAS DECEASED EVEN	R IN U. S. ARMED FORG	CESP 16	SOCIAL SECURITY NO		ORMANT				idress			d.
		No			None	Jam	es O. W	illia	ms,490	4 Glen	Cove	Pkwy	• , Be	thesda
			TH (Enter only one co	use per li	ne for (o), (b), and (c).	1 1	1-1		1			INT	ERVAL BI	TWEEN
			TH WAS CAUSED BY IMMEDIATE CAUSE (o)	Cr	meny a	rlos	u th	rem	harr	1 c m	you	1/ "		1 les
		420.1	DUE TO	4	To 1 2 inforction					n 1	7			
		Conditions, if or		Lie	nerellys	Va	lais	selen	atel	cerelu	0-		ej	γ_i
		gove rise to it couse (o), stating		u	are dis	was	7.						V	
	7	lying couse lost.) (c)											
	TION	PART II. OTH	IER SIGNIFICANT CON	OTTIONS (CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMI	NAL DISEASI	E CONDITION G	IVEN IN P	'ART 1(0)	PERFC	ORMED?
J.	FICA	50 - ACCIDENT 144A	c in incommune Ed.	Ool Dee	COIDE LOOMS IN HILLOW A	COLORED	40	f -1 - 1- f	N	44 - 5 A 1B 1			YES _	NO
		OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	AND. DES	CRIBE HOW INJURY O	CCURRED.	(thier noture o		ori i or rori	il or nem (a)				
	WEDICAL		Y Month, Doy, Yea		NJURY OCCURRED	20e. PLAC	E OF INJURY (Home, farm,	20f. (City	or town)		(County)		(Stote)
	MED	Hour o.m. p.m	19	While of wor	k Of while	1001	ny, meer, onic	e biog., etc.	1					
		21. I certify th	at 1 attended the	deceas	ed from	И	19.49	, ta/	Wies	195	7 that	I last so	aw the	deceased
		alive an	28 Mas	_, 19_5	- P	death	occurred at	9:45	_M, from	n the causes				
			\mathcal{I}	0/	1					reel_city or low			D	ATE SIGNED
		ACTUAL SIGNATURE	nesso	14	arme	32 M	D. 93	01606	Esser	lle 14	1	ė	X81	mas 5
L		PHYSICIAN'S	= + E	- 11		, 11		0 0	, and	1	(
		NAME (Type)	- Vu es 1 A	NO	irmusu 1	1 112 .	بالل	ary D	ma	y ac	<u> </u>		11000	
	220	BUR AL, CREMATIO REMOVAL (Specify)			22c. NAME OF CEM			1		IQN (City, town	, or count	y)	(Sto	te)
	20	Burial		.958	Colesvil	Le Ce	metery				Md.		D.E.	
	13	FUNERAL DIRECTOR'	S Jum	pho	ADDRESS Silver	Snmin	g,Md.	DATE MAF	BY REGIST		SISTRAR S	SIGNATU	(E	
			(0),-(-	1 -	- TATTAGE	- pu 21.	E June	DATE	+0 I 29		Led	uch.		

may be retained by the hospital or attending plysician.

TO FUNERAL FOR CIOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shaw detached for use as the burial-transit permit. Then please remaye carbon papers, Pages 1 and bould be filed with the registrar to burial, crematian, or remayal, and in any event within 72 hours, after death. TO HUMMIAL OF ATTENDING PHYSICIAN: The fam requires that the death certificate be executed within 24 haurs after leath. Page 4 VS A15 (4) 15M 9/55



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BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03515 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased Lived. If institution, Residence before admission) o. COUNTY I b. COUNTY Heelih. MARYLAND b. CITY OR TOWN I't out c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If auts de corporate limits, write RURAL and a ve néarest town) 2 yrs. S RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION He not in hospital, give street address) d STREET ADDRESS YES NO Z relaind relaind e State 3. NAME OF Middle Year DECEASED DEATH (Type or print) IFUNDER TYPAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH 9 AGE the years ent birthday) Manths Hours Dovs WIDOWED A DIVORCED IN 50 100 ASUAL OCCUPATION (Give kind of work done 10b KIND OF BUS NESS OR INDUSTRY 11. BIRIHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page ! during most of warking life, even if retired) Sati FC W.S. anen 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME David Edenfield Ora Lee Waldron form 0 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14 SOCIAL SECURITY NO. 17. INFORMANT Address (if yes, give war or dates of service) Mr. David Edenfield. 1419 East North St. WITS Yes Tampa 4, Florida ... AL ASTACLANT 18. CAUSE OF DEATH [Enler only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY: tomal diend IMMEDIATE CAUSE (a) Office DHE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (o), stating the underlying RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPS ef Medical found NO N 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Park I of ram 18] 200. EXTERNAL CAUSE WAS PRIMARY OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or lawn) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted from: Natural causes 🔀, Accident 🧻 Suicide 🗍, Homicide 🗍, Undetermined manner 🗍 CTOR DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION 225 DATE 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or equaty) ARLINGTON NAT'L. CEMETERY ARLINGTON, VIRGINIA 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE SILVER SPRING, MD. VS. ATSME 5M 2/57



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. L

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DECEDAED.

BULLTAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. E.

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MEJ VILLEZ

EUREAU V. S.

DEVISOR AN

FOR STATE

HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessary, please mexecute the cyrificate, writing the word "pending" in pending in them 18. Give Palles 1, II, and 3 to the funeral director. Page 4 should be requireded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relatined to your files.

TO FUNERAL ECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State of 6 Health, or its designated agent, prior to buriol, cremation, or removal, and in any event within 72 hours after death.

77

VS. A15ME 5M 2 57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3552 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03521 Reg. Dist. No.

	1. PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE D. COUNTY Manual and								
	b. CITY OR TOWN (If outside corporate I mits, write RURAL C. LENGTH OF STAY IN 16				C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)					
	ond give nearest foun) Olney 6 days				4		diver S			
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				d STREET ADDRESS				e. IS RESIDE ACE	
	Montgomery	Montgomery County General Hospital				12812 Flack Street				
	3. NAME OF DECEASED	Fir	st	Middle	Last	4. DATE OF	Month	Doy	Yeor	
	(Type or print)	(Type or print) Harry		Arthur	Jones	DEATH	March	n 12	19 58	
	5. SEX	6. COLOR OR RACE		NEVER MARRIED	B DATE OF BIRTH	9. A	A brook do N		TYEAR IF JINDER 24 HRS	
-	Male	White	WIDOWED [1.30.70		පිරි 😕 🦱	onths Days	Hours Min.	
	during most of working	y life, even it retired)	done 10b. KIND	O OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country	yl	12. CITIZEN O	DE WHAT COUNTRY?	
	laborer				Maryland		USA			
1	13. FATHER'S NAME				14. MOTHER'S MAIDEN I					
4	Samuel H		actes ly so	CILL CECURITY NO. 1-2	Catherine	Venable				
	(Yes, no, or unknown)	(II yes, give war or dates of	18/10/ 16. 50(INFORMANT		Address			
					Hospital Reco	rds				
	PART I DEAT	H [Enter only one car		_				ONS	ET AND DEATH	
	PART I. DEATH WAS CAUSED BY Shock and Acute Congestive Heart Failure								6_days	
	1903.0	DUE TO								
1	Conditions, if ony, which (b) Fracture of left hip								6 days	
	(o), stoting the underlying DUE TO									
ŀ		J (c)	DITIONS CONT	OLD STILL OF TO DEATH BOOK	NOT BELLITED TO THE VIOLE					
١	P. FAKI II, OIF			KIBSTING TO DEATH BUT	NOT RELATED TO THE TERM	INALDISEASE COI	NDITION GIVEN	IN PART I(o)	PERFORMED?	
	5 Arte	rioscleros		OW INDUST OCCUPAND	(5-1)		**		YES NO T	
1	PART II. OTH Arts 200. EXTERNAL CAU PRIMARY ID OF CON CAUSE OF DEATH.	TRIBUTING 🗷			(Enter noture of injury in For		m 16.)			
ı			Fell C	n floor at	home ACE OF INJURY (Home, form	n, 120f. (City or to		(County)		
1	B Hour	3.5. 195	While _	Not while ⊋ fo	tory, street, office bidg , stc	1			(Slote)	
1			l.		ome	Silver	Spring,	Montg.	., Maryland	
1					ave, held an Autaps					
	opinian death i	esuited fram.	Natural cau	ses 🔲, Accident	X. Suicide .,	Hamicide [_]	, Undetermi	ined manne	er 🔲	
	ACTUAL	1-10	12	- 1 - 6	CHIEF MEDICAL E	CAALINER ITT			DATE SIGNED	
	SIGNATURE _	many X	1-301	mark	ASSISTANT MEDIC		M.	.1 7.0	2050	
	EXAMINER'S NAME (Type)	Frank T			DEPUTY MEDICAL		Ma	rch 12	, 1958	
	220 BORIAL CREMATION	- Mary	Broscha	rt Thampof cemetery o		22d LOCATION	City token for a	ouafw)	1Stotel	
	SMOVAL (Specify)	Wark sel	1458 8	Heli) Br	waters	Of	I HI	/	Til	
	73. JUNESAL DIE CTOR	SIGNATURE	991	ADDINS	1 240 REC	D BY REGISTION	246. REGISTRA	IL'S SIGNATU	RE .	
	Kelether	Kellary	254	Gerralls	L.D. 6 DATE	MK I 4 30	000%	- 120-1 1		

BUREAU V. S.

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hours after death.

UBI VIZIO ETTA

VS A1S (4) 15M 9/S5 I

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
3554	CERTIFICATE	OF DEATH	

03523

				MAR' DIST	. 140.
1. PLACE OF DEATH o. COUNTY	AARVIAND O ST	T T A 1	b, C	institutions Residence	_
Montgomery		<u>Nashingto</u>	on	1).	Carre my
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF RURAL and give nearest town)	STAY IN 16 c. CI	Y OR TOWN (If outside	de corporate limits,	write RURAL and giv	re nearest town)
Kingington	K a	ashingtor	n D. G.	4.7×.	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		REET ADDRESS		,	. IS RESIDENCE
Kensington Gardens Rest Hom	e <u> </u>	921 Kalor	cama Rd.		YES NO
3. NAME OF First N	iddle	Lost 4.	DATE	Month	Day Year
(Type or print) LoLLIE E		ONES		Tarch	27 1958
5. \$EX 6. COLOR OR RACE 7. MARRIED NEVER M	ARRIED B. DATE C	F BIRTH	9. AGE (In	years IF UNDER 1	YEAR IF UNDER 24 HRS.
Female White WIDOWED DIV	DRCED Mar	L 18. 78	372 86	hdoy) Months D	lays Hours Min.
10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSIN	SS OR INDUSTRY 11.	IRTHPLACE (State or f	oreign country)	12. CITIZ	EN OF WHAT COUNTRY
during most of working life, even if retired) Housewite None		Vashingto.	De		U.S.A.
13. FATHER'S NAME		THER'S MAIDEN NAM			W. 3.18.
	7-11 11/40				
Albert B. Scrivener	Y NO. 17. INFORMAN	Rebecca	Robinso		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURIT				Address	
No None	Edwa	rd H. Jor	nes sa	me as 2	
18. CAUSE OF DEATH [Enter only one couse per line for jo), (b), on	d (c)] /	1	1	11	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Cardio -	Vascular	-renal o	lisease	with	31/65
Hyrais DUE TO		1			
Conditions, if ony, which) WOCATO	ial fai	Uhe			21000
gove rise to immediate	. 100	0/ 0			3 1/105
couse (a), stoling the under-					
lying couse last. (c)	A 0.0 (7) (0) T 10 T 0 T 1				
PAN 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING !	DEATH BUT NOT REL	TED TO THE TERMINAL	L DISEASE CONDITI	ON GIVEN IN PART	PERFORMED?
	11115				YES NO
20s. ACCIDENT WAS LINDERLYING DOR CONTRIBUTING GAUSE OF DEATH OF CONTRIBUTING GAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER	RY OCCURRED. (Enter n	oture of injury in Port	t or Port II of item	16)	
	20e PLACE OF IN	JURY (Home, form,	20f (City of Jown)	10-	unty) (State)
Hour o.m. White Not white	foctory, stree	, office bldg., etc.)	ion. (City of rown)		omy) (side)
p. m 19 of work of work					
21. I certify that I attended the deceased from	21/91.1	95°C, 10_3	27	19 <u>57</u> ,that I la	st saw the deceased
olive on 3 1 2 7 ' , 1957', and	that death occurr	d ot IA 30 AA	A, from the co	uses and on the	date stated above
11.000.11			ORESS (Street, city o		DATE SIGNED
SIGNATURE SULVEY MASS	M D	1921 In	gemen	SP.NW	3.27:58
PHYSICIAN'S Stewart Clapp		wash	15-DC		
	CEMETERY OR CREMAT	ORY 22c	d. LOCATION (City,	town, or county)	(State)
Burail 3/29/58 Rock	Creed		Washin	ston. D	. C.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		24g. REC'D BY		REGISTRAR'S SIGN	IATURE
	do forman			Dan!	1
Robert A. Fullphrey, Detlies	da, Maryl	SIT CL DATE MINUT	3 1 28	Fig. 0001	, .

BUREAU V. E.

8381 18 AAN.

DEALESSEN

. IS RESIDENCE

Hours

INTERVAL BETWEEN

ONSET AND DEATH 3 V5

PERFORMED?

YES TO NO 14

(State)

(State)

Days

USA

(County)

ON A FARM?

YES NO S

1058

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY TO MERY o. STATE TO. C. b. COUNTY MARYI AND b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 15 RUPAL and oive percentown) WASHI NOTION d. NAME OF HOSPITAL (If not in hospital, give street address) A STREET ADDRESS CARROLL HALL SANITARIUM 3701 CONN. AVE. N.W. 2 NAME OF Middle 4. DATE Month DECEASED NANNIE OF M. JONES. MARCH 12 (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) 5. SEX 8 DATE OF RIPTH IF UNDER 1 YEAR IF UNDER 24 HRS REMATE श्रामा गाह APRIL 24, 1883 Months WIDOWED F DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) NORTH CAROLINA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME WILLIAM WINSHIP PARKER LOUISANA BRINKLEY PARKER 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. MOME MRS. EDITM J. NIEMEYER. DAUGHTER. SAME AS #2 NO 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) (Colonomium / Civection & metallem DUE TO Conditions, if ony, which ! gove rise to immediate DUE TO couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(s) 19. WAS AUTOPSY Rumilar collecto 20g. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year factory, street, office bldg., etc.) While Not while at work 21. I certify that I attended the deceased from 6-1/ 1957, to 3-12 1928, that I last saw the deceased ADDRESS (Street, city or town, state) ACTUAL Benton MD 3701 Cons Avon Wash & DC 34/2.58 SIGNATURE 3701 CONN. AVE., N.W., WASH. 8. D.C. IRVING BURKA PHYSICIAN'S shou NAME (Type) O 220. BURIAL, CREMATION, 22b, DATE THEREOF BURIAL (Specify) 3/14/58 22c. NAME OF CEMETERY OR CREMATORY OLIVE BRANCH CEM. 22d. LOCATION (City, town, or county) PORTSMOUTH, VIRGINIA 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

TO FUNERAL

death.

BULLAU V. L.

8391 P.1 9AM

DECENTED

Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

within 24 haurs after death. Page 4

1. PLACE OF DEATH,

5	Fled Fled			٥	o. COUNTY IV on a comers MARYLAND O. STATE Mary and b. COUNTY MENTA	PIME YN
	be ti			t	b. CITY OR TOWN (If outside carporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside carporate limits, write RURAL and give neares).	nearest town)
	물용 (Si Si	-)[Takoma Park	
5			4	3	d NAME OF HOSPITAL (If not in hospital, give street address) JOR INSTITUTION d STREET ADDRESS	e. IS RESIDENCE
	-	*			bushington Sanitarium + Nispital 4605 Wilmyn Way -Randolphill	/ SYES NO
	2 ~				DEGEASED 1/ 1/ 1/ OF ->	Day Year
	Poges		H	5 5	The Halle Janes	AR IF UNDER 24 HRS
	completely sapers. Po oth.				SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH Female White WIDOWED DIVORCED -23-65 93 yrs. Months Days	
	peri			10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN	OF WHAT COUNT
	0				Retired Clerk Maryland	
			Ī	13	FATHER'S NAME 14 MOTHER'S MAIDEN NAME	
5 .	e T 7.			/	Adrian Jones Mary Moore	
	ng providence	I			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT PT'S Chart	
1	n please provided within 72		Ī			NTERVAL BETWEEN
	en p				PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) (erobio) Thrombossis	
	ž E T Š				DUE TO	
6	arie y				Canditions, if any, which gave rise to immediate (b) 17/18/1856/18708/18	
1	2 2 2 2 4 3 2 4 3				couse (o), stoting the <u>under-</u> lying couse lost.	
icio	een ransi . on			Z	PART IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4)	19. WAS AUTOPSY
Phys 15	as a interior		σ	CAT	Praininia. Congestive heart fisher	PERFORMED?
anding	he bur of fer			CERTIFI	20a ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port for Part II of item 1B.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
otto	g.			MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Count Hour o m. 20f. (City or town) (Count foctory, street, office bldg., etc.)	ty) (State
10 to	SE CE	•		MED	Hour a. m. While Not while of work of work of work	
3.0.	d for				21. I certify that I attended the deceased from 8/29 , 1956, to 3/30 , 1955, that I last	saw the deceas
2 o c	K: A oche burio				alive an 3/36, and that death accurred at 730 PM, from the causes and an the d	date stated abo
<u> </u>	9 0				ACTUAL AC	DATE SIGN
S of a	1 0				SIGNATURE Jan 15. Amhom M.D. 8505 Conn. Aug.	5/30 A
retoi	shou		4		PHYSICIAN'S JOHN B UMHAU Chruz Chose 15 MJ	
moy b	page 3 st			220	DEBURIAL CREMATION, 276. DATE THEREOF 27c NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, town, or county) Haltemare	ML (Stote)
				72-	EUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNAT	TURE
15M	15 (III) 9/55			/	7.W = Ales Wilsh N.C. DATE APP 2 58 Charles	
					38 all Leave	
						× .

DEALEGEINED

BUREAU Y. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ON A FARM?

YES NO IX

19

YES 🗷 NO

(State)

DATE SIGNED

3-2-58

(Stole)

58

BUREAU V. E.

M

V\$ A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3557

CERTIFICATE OF DEATH

03527

										MAR' DISI	. 140.		
)	1. PLACE OF DEATH O COUNTY	ntgomery	2.	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE North Carolina b. COUNTY									
	b CITY OR TOWN (#	f outside corporale fimi	ls, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (I			te limits, write RI	URAL and gir	ve negres	f fown]	
	Bethesda	ures rown)		59 days		Sims 73 X							
	d NAME OF HOSPIT	AL (If not in hospital, g	ive street	oddress)		d STREET ADDRESS			***************************************		e.	S RESIDENCE	
		al Center.				Route # 1					ON A FARM? YES NO 10		
	3 NAME OF DECEASED (Type or print)	Mildred		Middle Anna		lon Joyner	ľ	4. DATE OF DEATH	Marel		Day 5	Yeor 1958	
	5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED [B. D.	*		9	AGE (In years		YEAR IF		
	Temale	White	WIDOWI		TO T TOOR Months David Hanne Hanne							Ours Min	
	100 USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Sto	ile or	foreign cou	nlry)	12 CITIZ	EN OF Y	WHAT COUNTRY?	
	Housewif	eng ine, even ir refired;	'	none		North (Car	rolina			U.S.	Α.	
	13. FATHER'S NAME				14	MOTHER'S MAIDEN	J NA	ME					
1	Rassie Ray	Whitley				Rebecca I	Mae	Whit	ley				
	15 WAS DECEASED EVE	R IN U.S. ARMED FOR		SOCIAL SECURITY NO. 1	7. INFO	MANT The Me	ed:	ical R	ecord Addr	ess			
	no			one	Th	e Clinical	1 (Center	Bethe	sda 14	, Ma	ryland	
		TH WAS CAUSED BY. IMMEDIATE CAUSE (o		ne for (o), (b), and (c)] lmonary cong	esti	on and ede	ome	ì				AL BETWEEN AND DEATH	
		DUE TO	7/1-	73									
	Conditions, if any, which gove rise to immediate DUE TO												
	lying couse lost. (c)												
.	2		DITIONS C	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TER	MIN	AL DISEASE (CONDITION GIV	EN IN PART		WAS AUTOPSY PERFORMED? ES NO	
		S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCU	IRRED. (E	nter nature al injury i	in Poi	rt I or Parl II	of item 18.)				
	20c. TIME OF INJURY	f Month, Day, Yea	r 20d. If While	Not white_	PLACE foctory,	PLACE OF INJURY (Home, form, 20f (City or town) (County) (State actory, street, affice bldg., etc.)						(Stote)	
		19	at wor										
	21. I certify the	at I attended the		ed from 15 Jan	mart	_, 19 <u>_58</u> to	<u> 15.</u>	March	1958	_,that I la	ist saw	the deceased	
ł	alive an 15	March,	, 125	B/, and that de	ath ac	orred at 7:05					date	stated abave.	
	ACTUAL	Nato.	-1	1.3777		m) G			et, city or lown, s	stote)		DATE SIGNED	
	SIGNATURE	1/10 /2 0	, ,,,	09,02	M.D.				Center		3-	15-58	
	PHYSICIAN'S NAME (Type)	Roger Leste	r, M	.D.		Bethes			itutes o Marylano		Ith		
	220 BURIAL CREMATION REMOVAL (Specify)	BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETER					2	2d LOCATIO	N (City, town, o	r county)		(State)	
	<u>burial</u>		8	Maplewoo	d			Wils	on	N	I.C.		
	23 FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		_ 1		BY REGISTRA		TRAR'S SIGN	JATURE		
	Hunt tu	neval Hor	00	17/1/1/20	m 1	7- C DATE S	LAAT	\$4 B 158	3 00	L . De .	, !		

BUREAU V. S.

WAS 18 1828 DECENALL

		MARYLAN	ID STATE DEPARTM	ENT OF HEALTH	I—BALTIMORE, 18 (135)
		3558	CERTIFICA	ATE OF DEATH	Reg. Dist. No. 215
		PLACE OF DEATH L. COUNTY MONITOR OF THE	MARYLAND	a. STATE	ere deceased lived If institution Residence before admission) b. COUNTY
	1	b. CITY OR TOWN (If autside corporate limits, writ RURAL and give nearest town)	te c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF ou	that the corporate limits, write RURAL and give nearest town;
M	1	BETHESDA (RURAL) d NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION	1 Day	ST. PE'	TERSBURG 6. IS RESIDENCE
5.1	U	S. Naval Hospital, Bet			ard Air Station YES NO
	L	NAME OF First DECEASED (Type or print) Tammy	Alvis	KAISER	4. DATE Month Day Yeor DEATH March 29 19 5
		emale Caucasian WIDO		B. DATE OF BIRTH March 28, 19	9. AGE (In years IF UNDER 1 YEAF IF UNDER 24 H In the state of the
		. USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired)	06. KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (State o	or foreign country) 12. CITIZEN OF WHAT COUN
	13.	None FATHER'S NAME	None	Maryland 14. MOTHER'S MAIDEN NA	
at at a		Mertin Jay KAISER		Anne ALVI	S
<u>क</u>	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? Lino: or unknown) (If yes, give wer or dates of service)	16. SOCIAL SECURITY NO. 17. IF	NFORMANT	Address
172		No	None Ma	rtin Jay KAIS	ER USCG Air Sta.St.Petersburg
any event w		PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (o). DUE TO Conditions, if ony, which agove rise to immediate DUE TO	Pulmon	any ale	oxia onset and DEATH
ם מחם	z	lying cause last. (c)	Prem	lurity	Iday
Doval,	CATION				NAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP PERFORMED? YES X NO (
or re	t CERTIF!	(IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in Pa	art I or Part 11 of stem 18.)
emotion	MEDICAL	Haur a m. Wh	d. INJURY OCCURRED 70e. PUtate Not white work of work	ACE OF INJURY (Hame, form, story, street, office bldg., etc.)	20f. (City ar town) (County) (Sta
rial, o		21. I certify that I attended the dece alive an March 29 , 19	ased from March 28	, 19 <u>58</u> , to Ma	rch 29 , 1958 , that I last saw the deced
rof ta bu		ACTUAL SIGNATURE Mennells	hu Soll	//:20 A	M, from the causes and an the date stated ab ADDRESS (Street, city or town, state) BATE SIGNATURE AL HOSPITAL 3-31-5
tror pr		PHYSICIAN'S K. W. SELL, LT	MC USNR	Bethesda,	
od od		Burial, CREMAT ON, 22b. DATE THEREOF REMOVAL (Specify) 4-2-58	20c NAME OF CEMETERY OF Arlington Nati	R CREMATORY	22d LOCATION (City, town, or county) (Stote)
	23	FUNE AL DIRECTOR'S SIGNATURE	ADDRESS Be the sas		BY REGISTRAR 246, REGISTRAR'S SIGNATURE

'i LIBEVO A' Z

DECELVELL

43	MARYLAND STATE DEPARTMENT 3559 CERTIFICATE	115529
	1. PLACE OF DEATH O COUNTY MONTGOMERY MARYLAND 2 US a.	ISUAL RESIDENCE (Where deceased lived If institution Residence before admission) . STATE b. COUNTY
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Bethasda (Rural) 1 day	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mount Ranier
		d. STREET ADDRESS 3300 Chauncey Place e. IS RESIDENCE ON A FARM? YES NO 23
	3. NAME OF First Middle (Type or print) Viola (nmn) Ki	CALMUS 4. DATE Month Day Year DEATH March 10 1958
2	Female White WIDOWED DIVORCED 15	79. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS In the state of
	10a. JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife None	Poland 12 CITIZEN OF WHAT COUNTRY U.S.
		MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORM. [19 yes, give wor or doles of services]	
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b) and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) That ction of Myoca Limit Course (o), storing the under- Lying couse lost. Interpretation of Myoca (b) DUE TO DUE TO	cardium Interval Between onet and Death 48 nours
d	200. ACCIDENT WAS INDEPLYING II 200 DESCRIBE HOW INTERVOCCHERED (FOLIAL	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO THE PORT I OF PORT II of item 18.)
	OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 3 20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF	F INJURY (Hame, form, large, affice bldg., etc.) (County) (State)
		, 19.58, to 10 March, 19.58, that I lost saw the decease arred at 7:05A.M., from the causes and on the date stated above ADDRESS (Street, city or town, state) U.S. Naval Hospital, Bethesda, Md. 3-10-
1	PHYSICIAN'S G.E. GORSUCH, LT,MC,USN	U.S. Naval Hospital, Bethesda, Md.
	Problem 1 CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATE BUT 12 SPORTS SIGNATURE ADDRESS OLD ADDRESS	n Cemetery Hyattsville, Maryland 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

BUREAU V. E.

SLET S.J. AAM

MEGENACIO

VS A15 (4) 15M 9/SS F.

MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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3560 CERTIFICATE OF DEATH

eg. Dist. No.

03530

- 1	0000	Reg. Dist. No.									
	1. PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY									
	b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)									
	Kensington d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION	d. STREET ADDRESS • IS RESIDENCE									
		U198 Spring Place N. W. YES NO TE									
	3. NAME OF DECEASED (Type or print) 4/1/4N First Middle Ke	2 hor t DATE Month Day Year OF DEATH March 3 1958									
	The state of the s	ATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS In under 24 HRS In under 24 HRS If UNDER 24 HRS									
100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)											
	U.S.Clerk@Agriculture Dept.	Jefferson W. Va. U. S.A.									
		4. MOTHER'S MAIDEN NAME									
	John Lewis Kephart	Emily B. Moler									
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. (17. INFOI	Tubero uras									
1	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)	1 NTERVAL BETWEEN ONSET AND DEATH									
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	heard failure 4 was									
	Conditions, if any, which) (2) Concerns selection	of the desired to									
	gave rise to immediate Court	The state of the s									
	lying cause last.										
	PAR II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT STREET FROM STREET PROPERTY REPORTS (3)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CONDICTION OF THE PERFORMENT									
	OR CONTRIBUTING D CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)	inter nature of injury in Part 1 or Part II of item 18.)									
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED to PLACE foctory a.m. White Nat white foctory of work of work	OF INJURY (Home, form, 20f. (City or town) (Caunty) (State) , street, affice bldg., etc.)									
	21. I certify shat I ottended the deceased from	, 19 5 7 to Warely 3 195 Pithat I lost sow the deceased									
	alive on March 3 192, t, and that death oc	coursed at 12:120 PM, from the couses and on the date stated above.									
	A L	ADDRESS (Street, city or town, state) DATE SIGNED									
2	ACTUAL SIGNATURE M.D.	7852 16 de le w 3/3/37									
	PHYSICIAN'S B. F. Kreuzburg	leaste 12 De									
	220. BURIAL CREMITION, 226. DATE THEREOF 226. NAME OF CEMETERY OR CR	REMATORY 22d. LOCATION (City, town, or county) (State)									
	Randal 3/5/58 Cedar Hill 23. FHYERAL DESCRIPTION CO. W. APPRESS TO D.										
	The S. H. Hines Co. Washington, D	DATE 158 () DATE 158									
		THE STATE OF LANGE									



3561 CER	CHIPIC	AIE OF DEATH	Reg. Di	Reg. Dist. No.				
o. COUNTY Montgonera, M	ARYLAND	2 USUAL RESIDENCE (Where deceased o. STATE	b. COUNTY	ce before admission)				
b CITY OR TOWN (If outside carborate limits, write) c LENGTH OF S RURAL and give nearest towns C + 1 2 5 da	Days	c CITY OR TOWN (If outside corpo	rate limits, write RURAL and s	give nearest town)				
or INSTITUTION Substitution (If not in, hospital, give street address)		2/38 Califor	mia St. N.	ON A FARM? YES NO				
3 NAME OF DECEASED (Type or print) Sillian	ddle	Kluckhohn OF DEATH	Month March	Day Year 19 19 5 \$				
5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MAY WIDOWED DIVO	ARRIED [Dec 6 1877	Total Charles Communication of the Communication of	1 YEAR OF UNDER 24 MRS Days Hours Min				
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOCLEUICE	SS OR INDU	17 (~ /0)	100 40 91) 12 CIT	IZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Robert Dodson)	14 MOTHER'S MAIDEN NAME	Ite. Na	milton.				
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY [Yes, no or unframe] (If yes, give war or dates of service)	NO 17	TRANKL.	Address 27 1	ashington is				
gove rise to immediate cause (a), stating the under-lying couse last.	je.	to Chronic.	nenal	ONSET AND DEATH				
GR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W. S.W.	NOT RELATED TO THE TERMINAL DISEASE LICENTE TO THE TERMINAL DISEASE LICENTER NOTIFIED OF INJURY IN PORT I OF PART	whichwantdis	TIO 19 WAS AUTOPSY PERFORMED?				
20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While of work of work of work	20e PI	ACE OF INJURY (Home, Jarm, 20f (City ctory, street, office bldg), etc.)	or town) (C	County) (State)				
21. I certify that I attended the deceased from 100 olive an 1100 olive and the deceased from 100 olive and 100 olive an	9 <u>0700</u> hat <mark>de</mark> ath		the causes and on th	last saw the deceased he date stated above.				
ACTUAL SIGNATURE CONTEST STATEMENT OF THE SIGNATURE CONTEST STATEMENT OF THE SIGNATURE OF T		MO 104 COLVANIA	reet, city ar town, state)	DATE SIGNED				
PHYSICIAN'S FEEDBELL: GRANT	JR.	Clary Cha	dr 15 M	anxanx				
220 BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF C PREMOVAL (Specify) 3-21-1958 Oak	Word	& Cometery Hyd		RC See.				
23 FUNERALDIRECTOR'S SIGNATURE ADDRESS 1400	Chap	757, D. 24% REC'S BY REGISTI	RAR 246 REGISTRAR'S SIG	HATURE				

funeral director, id be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO EUNER-E DRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should

*tached far use as the burial-transit permit. Then please remaye carbon papers Pages 1 and 2 he registrar prior to burial, crematian, ar removal, and in any event within 72 haurs affer death. V5 A15 (4) 15M 10/57



Z .V UAERU Z.



FOR STATE HEALTH DEPT.

No.

THE PUTY MINICAL EXTMINER: This certificate should be exempted within 24 hours after leath. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for arded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained 2 frown files.

10 FUNERAL E. TOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B. of Health, or temoval, and in any event within 72 hours after death.

VS. ATSME 5M 2/57

		MEDI	CAL EXAMINER'S	CERTIFICATE OF	DEATH	Reg. Dist. No.
-	PLACE OF DEATH	3563		2. USUAL RESIDENCE (Where decease		
''	o. COUNTY	In Tumer.	MARYLAND	o. STATE	b. COUNTY	M 42- 72
	b. CITY OR TOWN		c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside cor	porote limits, write RU	RAL and give regrest town)
	and gine referent to	2 strugt		1:00th	Show	
-	& NAME OF HOSP	ITAL OR INSTITUTION IN not	in hospital give street address)	d STREET ADDRESS		e IS RESIDENCE
	1331	5 Grenot	ke Dr.	13315 2	ruoble	YES NO K
Э.	NAME OF DECEASED	C / A First	Middle	Lost 4. DATE OF	Month	Doy Year
	(Type or print)	Stanley	Hodge !	VOLET YN DEATH	mar	11 1958
5.	SEX	1 1	ARRIED NE ER MARRIED 6	DATE OF BIRTH	1-1 h -16 d - 1	UNDER LYEAR IF UNDER 24 HRS
10	Y / VALLE		OWED V DIVORCED V	11-26-57	yes	3 1/5
1	during most of work	ing life, even if retired)	LOD KIIAD OL BORINERS OK INDORE	RY 11. BIRTHPLACE (State or foreign of	ountry]	12. CITIZEN OF WHAT COUNTRY?
31	B. FATHER'S NAME			14 MOTHER'S MAIDEN NAME		_ ZISC .
	Sta 1	Id Kan	a arter	St. 1. eg	1200-	
15	. WAS DECEASED E	VER IN U. S ARMED FORCES?	16 SOCIAL SECURITY NO 17, IN	PORMANT CL. 7 H	Address	7 3C 14 & W. A.
ľ	es, no, er unknown)	If yes, give war or dates of service)	1	Stanley H. K	now -	
	18. CAUSE OF DE	ATH [Enter only one cause per	line for (o), (b), and (c) }			INTERVAL BETWEEN
	FART I, DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Kirkly en			Jamel
	47 X	DUE TO	1 (/-/	6		Rend
	Conditions, if		Vomities 1 0	specated		tel.
	(a), stating the	underlying DUE TO	U. D. D 1.	1/-		· ·
2	Couse fost.	THER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATHRUIT N	OT PELATED TO THE TERMINIAL DISEAS	E CONDITION CIVEN	IN PART I(o) 19. WAS AUTOPSY
CATIO	,,,,,,,,,,		TO SECULIAR OF THE PARTY OF THE	OF RELATED TO THE TERMINAL DISEAS.	E CONDITION GIVEN	PERFORMED?
CEPTIF	200. EXTERNAL CAPRIMARY TO OF CO	AUSE WAS DES	CRIBE HOW INJURY OCCURRED (E	nter nature of injury in Fort I or Fort II	of Item 18)	
		URY Month Day, Year	20d INJURY OCCURRED 20e PLAC	E OF INJURY (Home, form, 120f, (City	or town}	(County) (State)
MEDICAL	Hour g. m p. m		While Not while facto	ry, street, office bldg., atc.)		
	21. 1 certify	that I took charge of t	he remains described above	re, held an Autopsy 🔲 , It	nspection 🔀, 🗆	nquiry Z, ond in my
	opinion death	resulted from. Notus	rol couses 🔀 . Accident [], Suicide [], Homicide	, Undeterm	ned monner
	ACTUAL	A- 11/	3	CHIEF MEDICAL EXAMINER		DATE SIGNED
	SIGNATURE_	Vsaup y. 1.	SANTOC MALO	_M.D. CHIEF MEDICAL EXAMINER	P []	
	EXAMINER'S NAME (Type)	FLANK I	1. Broschz++	DEPUTY MEDICAL EXAMINER &	1	11 1958
1	O BURIAL CREMATI REMOVAL (Specif		22c. NAME OF CEMETERY OF PARKLAWN CEMET		TION (C ty, town, or CO	
23	FUNERAL DIRECTO	ING SIGNATURE	ADDRESS	240 REC'D BY REGIST		R S SIGNATURE
	(arner &	5 rumphrey	SILVER SPRING,	DATE DATE	Charle.	leum
		1 100				the same of the sa

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MAMA

DECEIAED SEC

BUREAU V. S.

03534

CERTIFICATE OF DEATH

)		5	164	QLI.	111107	Reg. I							ist. No.			
	1. PLACE OF DEATH o. COUNTY	Montgomery		M	ARYLAND	2. U	SUAL RESIDENCE (W	_		l lived. If instituted b. COUNTY		nce befo				
		If autside corporate lim	its, write	c. LENGTH OF ST	ay in 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give neare Sandy Spring								est town)		
		TAL (If not in hospital, g		oddress)	als	/0	. STREET ADDRESS			tray opin				A FARM?		
			*			-							YES _] 00 🗍		
	3 NAME OF DECEASED (Type or print)	Fi Ri	Hyat	idle I:	Τ.	ansdale	4. 0	ATE F EATH	March		7.8	/	Year 19 58			
	5. SEX											R 1 YEAR		ER 24 HRS.		
	THE RESERVE OF THE PROPERTY OF										Days	Hours	Min.			
	during most of wor	KIND HITE, EVEN IT TENINED	T*02 (. 1	Ceni		STRY	1. 8!RTHPLACE (Stoke Marvla)		eign co	iuntry)		TIZEN O		COUNTRY		
ì	13. FATHER'S NAME					114.	MOTHER'S MAIDEN					0 0 13 0	1.5			
	Franklin Thomas Lansdale Eliza Lindsey															
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (You, no. or worknown) (If yos, give wor or dotes of service) 03 ch 200 (2002)																
	no	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] (INTERVAL SETWEEN														
		-										INTI	ET AND	DEATH		
	U≥ 0.0	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	-	rteriosc	leroti	c h	eart dise	ase					I	year		
	Conditions, if any, which } (b) Arteriosclerosis												?			
gave rise to immediate DUE TO											-	•				
		lying couse lost. (c)														
,	PART II OTI	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO	DEATH SUT	NOT	ELATED TO THE TERM	AINAL D	ISEASE	CONDITION GIV	EN IN PAI	RT 1(a) 1	PERFC	AUTOPSY ORMED?		
	200. ACCIDENT WAS OR CONTRIBUTION OF CONTRIBUTION OF STREET	AS UNDERLYING DEATH MEDICAL EXAMINER)	20b. DES	CRISE HOW INJUR	Y OCCURRE	D (Enk	er nature of injury in	Part I	ar Part	II of item 18.)						
	20c. TIME OF INJUR Have a. p. p. m.	RY Month, Day, Ye	ar 20d. It While at wor	Not white	20e. PL	ACE O	F INJURY (Hame, for treet, office bldg., et	m, 20f	. (City	or lown)		[County]		(Stole)		
	21. I certify th	nat I attended the	deceas	ed fram 2.1	.57		. 19 <u>57_</u> , to	2.1	18	19 58	,that I	last so	w the	deceased		
	alive on 2	18.	, 12.5	8, and th	nat death	occu	rred at 11:0					he da	le stat	ed abave.		
1 1 1	ACTUAL SIGNATURE	MI	3_	1		M.D	8	ADDRI	ESS (SH	reel, city or town,	state)		no	ATE SIGNED		
	PHYSICIAN'S NAME (Typo)	L. W. Bird.	, M_D.	Conda	Q-n-t-m-	r	arriand		/		/		,	17		
	20. BURIAL, CREMATIC BURLAL (Specify)	AL 20% DATE THERE)F	22c. NAME OF C	EMETERY O	R CREA		22d.		tgomery (y, 1	(Stot			
	23, FUNERAL DIRECTOR		rey	Silver	Spring	g, 1	1d. 249 855	D BY, S	REGISTION OF	PAR PAD REGIS	TRAR'S S	GNATUR	E			

the funeral directors TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page = may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the othending physician and completely filled in by page 3 should the processes of the processes of the pages 1 and 2 and 2 the registrar processes to buriol, cremation, or remayal, and in any event within 72 haurs offer death. VS A15 (4) 15M 9/55

SSOI FOR BUY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03535

565	CERTIFICATE	OF DEATI
7 10 77		

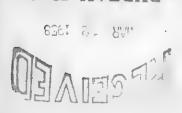
			3202_								Kei	g. Dist.	NO.		
4	1. Pl	LACE OF DEATH COUNTY MO	ontgomery		MARYL		2. USUAL RESIDENCE (No. STATE New Jerse		eceased	lived. If inst b, COU		esidence b	efore adm	ssion)	
8	b	CITY OR TOWN (If o	outside corporate limits, w	rite c.	LENGTH OF STAY I	N 1b	c. CITY OR TOWN (I		corpore	ate limits, wr	ite RURAL	ond give	nearest to	wn) V	
	1	RURAL and give near Bethesda	est fown)		4 days		Bayonne				n,	0			
1		NAME OF HOSPITAL	(If not in haspital, give s	Ireet odd			d. STREET ADDRESS				14		e. IS R	ESIDENCE	
	J	or institution the Clinica	al Center, B	ethe	esda 14, M	d.	120 West	Tent	th S	treet					
	3. N	AME OF ECEASED	First		Middle		Lost	4. D			Month		Day	Yeor	
J		ype or print)	Richa	rd	Micha	el	Leck		PEATH	1	March		6	1958	
	5 SE	EX (S. COLOR OR RACE 7.	MARRIED	NEVER MARRIES	B (A)	DATE OF BIRTH		9	AGE (In ye					
1	1	Male	White wi	OOWED	DIVORCED		June 14,	1953	3	The state of	yrs. Moi	alhs Der	ys Hours	Min	
Ì	10a	USUAL OCCUPATION during most of working	(Give kind of work done	10b. KIN	ND OF BUSINESS OR	INDUST	RY 11 BIRTHPLACE (Sto	te or for	eign cou	intry}	1:	2 CITIZE	N OF WHA	T COUNTRY	
		Child	g ine, even il renieoj		None		New Jer	sev			1	U	. S.	A.	
1		ATHER'S NAME					14. MOTHER'S MAIDEN							-	
	1	Michael Ant	thony Leck				Mary Wo	jtko	wsk	i					
	15 Y	VAS DECEASED EVER I	N U. S ARMED FORCES?	16. SO	CIAL SECURITY NO.	17. INS	ORMANT The Me				Address				
		No (iii	yes, give war or dates of service		one		e Clinical					14.	Maryl	and	
1	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]												INTERVAL	BETWEEN	
1		PART I DEATH	WAS CAUSED BY:	Card	liac Arres	t. C.	linical, Po	stop	era	tive.		1	SW2F1 WM	DEATH	
1		7					Disease - V				eptal				
		Conditions, if any,					stoperative				1				
1		gave rise to imp couse (a), stating the	nediote (-					
		lying couse lost.	(c)	Cong	estion. L	ungs	Liver, Sp	leen	1. K:	idneys					
	No	PART II OTHER	SIGNIFICANT CONDITION	ONS CON	NTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TER	MINAL	ISEASE	CONDITION	I GIVEN IN	I PART 1(o) 19 WAS		
	51														
	CERTIFICATION	200 ACCIDENT WAS I	UNDERLYING [] 20b.	DESCRI	BE HOW INJURY OC	CURRED.	(Enter noture of injury I	n Port I	or Port	II of item 18)				
		IF EITHER, NOTIFY ME	1		To the state of th										
	MEDICAL	Noc. TIME OF INJURY Hour a. m.	v	0d. INJU /hile	IRY OCCURRED 2	loe. PLAC focto	E OF INJURY (Home, for ry, street, office bldg., e	rm, 201 Hc.}	f. (City o	or town)		(Cour	ity)	(Slate)	
	- F	p. m.	19 0	work [ol work										
	1	21. I certify that	I attended the dec	eased	from Marc		, 19 <u>58</u> , to			6, 19	58, the	at Flasi	t saw the	e decease	
		alive on	March 6	19, 8	and that a	death a	sccurred at 9:00	P.M.	from	the cause	es and	on the	date sta	ted abave	
	- 1		1DR	Y	· h.	1				The second second	own, stote))		DATE SIGNE	
ار		SIGNATURE OL	1000	Xa	MESEL	120m	D The Clini		400 0				3/	7/58	
4		PHYSICIAN'S	DICE D TOM	DATE	D S						Month Boy Yeor March 6 1958 (In years IF UNDER 1 YEAR IF UNDER 24 HRS Irithdoy) Yrs. Months Days Hours Min 12 CITIZEN OF WHAT COUNTRY U. S. A. The sale It, Maryland INTERVAL BETWEEN ONSET AND DEATH Septal INTERVAL BETWEEN ONSET AND DEATH Septal (County) (Slote) 19 58, that I last saw the deceased auses and an the date stated abave ar town, slote) DATE SIGNED 3/7/58 of Health ad (Stote)				
ı		NAME (Type)	HLOS R. LOM	BARE	O, M. D.		Bethesda	14.	Mar	yland	*				
		BUR AL CREMATION, REMOYAL (Specify)	226. DATE THEREOF		2c, NAME OF CEMET		CREMATORY								
	Bu	ir-transit	3/7/1958	I	Holy Cros	s.		N.	Arl	ingtor	1	Ne	ew Je	rsey	
		UNERAL DIRECTOR'S S		- PEXX	ADDRESS	3 - 41-		C'D BY I	REGISTR	AR 24b	REGISTRAR	'S SIGNA	TURE		
	Ro	obert A.Pi	umphrey-75	197 M	vis. Ave. E	setne	esda, IVI date	IAR 1	6 3	· U	leh.	Rees	1		

may be retained by the hospital or attending physicion.

TO FUNERAL DIPPCTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should. Netached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 and be filled with the registrar prior to burial, crematian, or remayal, and in any event within 72 hours after 966th. TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. Page 4

VS A15 (4) 15M 10/57

BUREAU K. S.



M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3567 CERTIFICATE OF DEATH 03537

	Keg. D	IST. NO.		
1. PLACE OF DEATH O. COUNTY P'C. IT COMER. 4, MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Reside o. STATE b. COUNTY	nce before admission)		
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)		
RURAL (OLNEW) 3 YEARS	RURAL (OLNEY) X			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS	e. IS RESIDENCE		
Emory Lane & Ga. Ave.	1. 1. 1. 24 1. 21. 16 int a H.	ON A FARM? YES NO		
3 NAME OF DECEASED (Type or print) SRACE Middle SEPHA	LEIMBACH 4. DATE OF DEATH 3	Ooy Year // 1958		
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		R TYEAR IF UNDER 24 HRS.		
FEMALE & HITE WIDOWED DIVORCED	121 / 10 87 67 yrs Annth	Doys Hours Min		
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Own home	SCICALITER 1 FINE 44/6AA	TIZEN OF WHAT COUNTRY		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	Chiles CATI		
, m	Bridget CR . KI			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17.				
	FORPD & LEIMBACH 213 C 3	1. 1		
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN		
PART 1. DEATH WAS CAUSED BY: METASTATIC	CARCINONA	ONSET AND DEATH		
157 X DUE TO				
Conditions, if ony, which) 60 C C C 12 C	Proceeds	3 Tions H		
gove rise to immediate (
code (o), stating the <u>under-</u> DUE TO lying couse lost.				
	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI	T 1(a) 19. WAS AUTOPSY		
ICATI		PERFORMED? YES NO NO		
OR CONTRIBUTING EJ CAUSE OF DEATH	RED. (Enter nature of injury in Part I or Part II of item 18.)			
	PLACE OF INJURY (Home, form, 20f. (City or town) ractory, street, office bldg., etc.)	County) (State)		
Hour o. m. While Not while of work of work	belony, sireer, onice blog., etc.)			
21. I certify that I attended the deceased from 7 = 30	, 19 - 7 , to 3 - 1/ , 19 5 5 that I	last saw the decease		
	th occurred at $\frac{3}{3}$ $\frac{3}{2}$ M, from the causes and on the causes and $\frac{3}{2}$	he data stated above		
	ADDRESS (Street, city or lown, stote)	DATE SIGNED		
SIGNATURE FORMER Chinasedon	M.D. 18-1 K SI. R. 6612 MI	えいし ちょうとり		
PHYSICIAN'S INDIFES (2, ANDES				
226 BURIAL, CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY TOMBMENT 3/14/58 CEDAR HILL CI	OR CREMATORY 22d LOCATION (City, town, or county) PRINCE GEO. COUNTY	(Stote) MARYLAND		
23. FONERAL DIRECTOR'S SIGNATURE ADDRESS SILVER SPRIN	245. REC'D BY REGISTRAR 245-REGISTRAR'S SI	GNATURE		
() 3	NG, MD. DATE MAR 1 4 '58	LLEA		

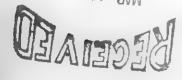


SCOT AL RAM

BUREAU V. S.

BUREAU V. A.

8391 71 AAM







VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

03539 Reg. Dist. No.

	35	88	C	ERTIFIC	ATE OF	DEATH			Reg. D	ist. No.		000
1. PLACE OF DEATH o. COUNTY	Montgomery			MARYLAND	2 USUAL RES o. STATE New	York	ere deceased	b. COUNTY	on: Reside	nce befo	re admis	sion)
b CITY OR TOWN (I	f outside corporate lim	ils, write	c. LENGTH	OF STAY IN 16	c. CITY OR	TOWN (If or	itside corpoi	rota limits, write R	URAL ond	give nec	orest fow	n)
Bethesda	,		ЦЦ da	ys	Jama	ica			,			
d. NAME OF HOSPIT	AL (If not in hospital,	give street	address)		d STREET	ADDRESS				1	e, IS RES	SIDENCE L FARM?
The Clinic	al Center,	Beth	esda 1	4. Md.	85-2	6 Edge	rton 1	Boulevar	d			NO 13
3. NAME OF DECEASED	Fi	rst		Middle		ost	4. DATE	Mon		Do	у	Yeor
(Type or print)	Ir	ving		David	Lip	man	DEATH	Mar	ch	20.		1958
5. SEX	6. COLOR OR RACE	7. MARI	RIED 🚺 NEVE	R MARRIED	B DATE OF BIR			9. AGE (In years last birthday)	-			ER 24 HRS
Male	White	WIDOW	ED 🔲	DIVORCED 🔲	Septemb	er 18,	1907	50" yrs.	Months	Doys	Hours	Min
10a USUAL OCCUPATION during most of world	ON (Give kind of work king life, even if retired	done 10b	KIND OF BUS	SINESS OR IND	USTRY 11. BIRTH	PLACE (State of	or foreign co	unfry)	12 CI	TIZEN C	F WHAT	COUNTRY
Manufactu	rer	7	lanuf ac	turing	Ne	w York				U.S.	.A.	
13. FATHER'S NAME					14. MOTHER	S MAIDEN N	AME					
Charles I	ipman				Ro	se Lic	htman					
15. WAS DECEASED EVE	R IN U.S. ARMED FOR		SOCIAL SECU	IRITY NO 17.	INFORMANT T	he Med	ical 1	Record Add	ress			
No			ascert	ainable				er, Beth		14.	Mam	vla nd
18 CAUSE OF DEA	TH [Enter only one co	ouse per le	ne for (o), (b),	ond (c).]						LINT	ERVAL BE	ETWEEN
PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	-	TRAC	HEAL	035	781167	Nor				SET AND	
146X	DUE TO								•			
Conditions, if a	Conditions, if only, which) (b) METASTHIR AND PLASTIC CARCINOMIA OF											
gove rise to immediate couse (a), stating the under-												
lying couse lost. (c) RHINO CHARY NX											4 m	CTITUOI
PART II OTH												
3 TETAI	TETANY DUE TO RESPIRATORY ALKALOSIS, BRONCHOPHEUMONIA YES NO											
THE LOOP ACCIDENT WILL	200 ACCIDENT WAS UNDERLYING CORE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH											
U (IF EITHER, NOTIFY	MEDICAL EXAMINER)											
20c. TIME OF INJUR	Y Month, Day, Ye		NJURY OCCUP		LACE OF INJURY	(Home, form,	20f [City	or fown)		(County)		(State)
Hour a.m.	19	While of wor	k 🔲 at work		ociory, sireer, ostii	te blog., elc.)						
21 I certify th	at I offended the	deceas	ed from F	ebruary	1 1058	Ma.	rch 20	0 , 1958	Abot I	last as	and the	
olive on lar	ch 20				h occurred of	1145	Pa &	the couses o	ا ۱۱۱۵۲ اور	ilusi sç	ow ine	oeceoseo
			~		ii occorred or			reet, city or town,		ne do		ea above. Ate signed
ACTUAL	, alucus	0 k	2 X	daw	The	Clini						21-58
								nstitute	s of	Heal		
PHYSICIAN'S NAME (Type)	Richard K.	Shaw	, M. D	•				aryland				
220. BURIA CREMATIO	N, 226 DATE THEREC)F	22c NAME	OF CEMETERY (OR CREMATORY			ION (City, town, o	or country	77777	(Stot	el
Burial	Mar. 23, 1	958	Mt. A	raret C	emetery			ngdale,		Isl		,
23. FUNERAL DIRECTOR			ADDRES		, 10, D.							2102.0
Bernard Dan	zansky & S	ons	3501 1	4th St.	N.W.	DATE	4 '53	Reed	elu	ele		



8261 PS 841



03540 Reg. Dist. No.

O COUNTY						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
Montgomery						Maryland Indiana b. COUNTY Clark St //24							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town).				ТЬ	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
Bethesda (Rural)				D.O.A.	Lexington Park Jeffersonville / X -								
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION						d. STREET ADDRESS 404 Francis Stree . e. IS RESIDENCE ON A FARM?							
U.S. Naval Hospital, NNMC, Bethesda Md.							Cedar Grove Trailer Park YES NO F						
3. NAME OF First Middle Middle						Los	t	4. DATE		Mont	1	Day	Year
	(Type or print)	٧i٠	Lynn	Lynn L(OGSDON			March		9	1958	
5. 5	SEX	6 COLOR OR RACE	7 MARR	ELED NEVER MARRIED	[X] 8	DATE OF BIRTI	Н		9 AGE (I				INDER 24 HRS
	emale	White	WIDOWI	Total 1		9 March				yrs.	Manths (Days Ho	Wen 1
10a	USUAL OCCUPAT OF	N (Give kind of work on life, even if retired	ione 10h.	KIND OF BUSINESS OR	INDUS1	RY 11. BIRTHPL	ACE (Stote	or foreign c	ountry)		12 CITIZ	ZEN OF W	HAT COUNTRY
	None			None		Mon	yland	}				U.S	
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
Donald R. LOGSDON Katherine D. WHISMAN													
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	17 IN	FORMANT				Addre	111		
_1	Vo	-		None	(F	ather,)	Donal	d R.	Logs	ion (same	as #2	2)
	18. CAUSE OF DEAT	H [Enter only one co	use per lic	ne far (a), (b), and (c).]								INTERVA	L BETWEEN
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)										ONSET A	AND DEATH	
	X DUE TO												
;	Conditions, if an	y, which) (b)		_									
	gove rise to im cause (o), stating t	mediote ((-	2	_								
	lying couse lost.	te under-		mma az	1,6	7							
N O	PART II OTH	R SIGNIFICANT CON	OITIONS C	ONTRIBUTING TO DEATH	BUT	OT RELATED TO	THE TERMIN	NAL DISEASI	CONDIT	ON GIVE	N IN PART	1(o) 19 W	AS ALTOPSY
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN								PERFORMED? YES 10 NO					
200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part II of item II of item II (IF EITHER, NOTIFY MEDICAL EXAMINER)								18 }					
130	(IF EITHER, NOTIFY A	MEDICAL EXAMINER)											
ČA	20c. TIME OF INJURY	Month, Day, Yea		,	e. PLA	CE OF INJURY (Home, form,	20f. (City	or town)		{Co	ounty)	(Stote)
MEDICA	Hour a, m	19	While of warl	Not while at work	POLIC	ory, street, office	biog., erc.	'					
	21. I certify that I attended the deceased from March 1958, to 9 March 19589 that I last saw the deceased										ha decement		
	,												
A									reel, city o			s dole si	DATE SIGNED
	ACTUAL SIGNATURE	Unite ,	Mu								3-10-58		
				///	. 100	.D	210-1-0-2	11000	2002	1 10011	99990	222	.9
	PHYSICIAN'S RUE	sell Mille	er, J	r. TT,MC,US	N	U.S.	Naval	. Hosp	ital,	Bet	hesda	, Md.	
220	BURIAL, CREMATION REMOVAL (Specify) BUT LA	3-12-5	_	22c. NAME OF CEMETE Ebeneze:		crematory emetery		Grea	ION (City	ill s	, Ma	ryla	शक्ष
	77	SIGNATURE		ADDRESS				BY REGIST			PAR'S SIGN		
М	at Kill V	La Stance	nd+.	own. Marvl	2100	3	DATE THE		58	MAN	- elu	1	
- 4	~ o ortibil A	s/Leona		MSI-AI	वा।	A	P/7136			A.A. (

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BECEIAED

ESSI. # I.J. WAW .

BUREAU V. S.

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death.

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Pages

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23. PUNERAL DIRECTOR'S SIGNATURE

229: BURIAL CREMATION,

KREMOVAL (Sgledify)

ADDRESS

22C-NAME OF CEMETERY OF CREMATORY

24a, REC'D BY REGISTRAR DATE

24b. REGISTRAR'S SIGNATURE



ADDRESS 1756 Pennasylvania Rec'd By REGISTRAR

DATELIAR 2 6

Ave..NW.Wash. DC

246 REGISJRAR'S SIGNATURE

VS A15 (4) 15M 10/57 23 CHUNERAKEUTECTOS SERVETUREZO SONO

Moseph Gawler's & Sons

BUREAU V. E. BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Mit areas Th

BUREAU V. S.

CERTIFICATE OF DEATH

<u> </u>		0010		Reg. Disi, No.						
1,	PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a STATE b. COUNTY						
L	Lontrollers	7	MARYLAND	maryland contecte						
	b CITY OR TOWN (If outside RURAL and give nearest lov	corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)						
L	Silver Jor:	ring		L. Silver I. I. ii. Spring						
_	d NAME OF HOSPITAL (IF no	i in hospital, give street i	address)	d STREET ADDRESS e. IS RESIDENCE ON A FARM?						
	1917 Grace	Church Ro	ad	1917 Gr	race Church Road					
3	NAME OF DECEASED	First	Middle T	Lost	4. DATE Manth	Day Year				
	(Type ar print)	Margaret	L.	Lowe	DEATH 3	30 1958				
5.	SEX 6. COL	OR OR RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH		R 1 YEAR IF UNDER 24 HRS				
ı	Famale Wh	ite WIDOWE	ED DIVORCED	Jun= 10. 1	867 GO yrs. Q	Manths Days Haurs Min				
10	a. USJAL OCCUPATION (Give	ar fareign country) [12, C	ITIZEN OF WHAT COUNTRY							
	during most of working life,	even it retired}	Own horse	20 00 17 47						
13	FATHER'S NAME		OMIT HOME	Washington , D. C. J U.S.						
	· .									
15	den jamin . was deceasedever in U. :	F. Larcomb		NEORMANT Address						
()	iss. no. or unknown) [If yet, givi	a wor or dotes of service)		NEW COMPANI	Address					
	No			oward Larco	mbe 08422 Ga. mv	re. 5. s.				
	18. CAUSE OF DEATH [End			- House	L	INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS	CAUSED BY:	ONGESTIV	E. MEAR!	ALOKE	1.2042				
	420.1	DUE TO (1			11 1				
	Conditions, if ony, which		TYCCARDIA	L -LNFA	RCTICN	10:00-12				
	gave rise to immedia cause (o), staling the unde	le (7				
	lying cause last.	(c)								
Z	PART II. OTHER SIGN	IIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19 WAS AUTOPSY				
ATE						PERFORMED? YES NO				
TIFIC	200. ACCIDENT WAS UNDE	RLYING 206. DESC	CRIBE HOW INJURY OCCURRED	Enter nature of injury in P	Part I or Part II of stem 18)	1 6 0				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMENT YES NOT NOT CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
S	20c. TIME OF INJURY Mont	h, Day, Year 20d. IN	NURY OCCURRED 20e PL	ACE OF INJURY (Home, form,	, ¿20f (City or town)	(County) (State)				
MEDICAL	Hour a m.	While let work	Not while fac	tary, street, affice bldg, etc.	1	,				
>		01 #411		2016 4 . 31	1/A 17/11 C3					
	21. I certify that attended the deceased from 1945, to 30/Acct., 1938, that I last saw the deceased									
	alive on M, from the causes and on the date stated above									
	ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state)									
	ACTUAL SIGNATURE	1. 2. 3/00	J 1/2	71. D	LONECHIE	2/34/38				
	PHYSICIAN'S			SILVER	SPEING, MA	1LA 12				
L	NAME (Type)	B. Snow			/					
22	G. BURIAL, CREMATION, 22b.	DATE THEREOF	22c NAME OF CEMETERY OF	R CREMATORY	22d LOCATION (City, fawn, or county)	(State)				
1	urial	1./1/58	Glenwood	Cometern	Washington	D. C.				
23.	FUNERAL DIRECTOR'S SIGNA		ADDRESS	74a. REC'I	D BY REGISTRAR 24b. REGISTRAR'S S	IGNATURE				
	Robert A. P	umphrey I	Bethesda, Ma	ryland DATE AD	003 150 0/	~ #				
					158 100					

funeral director, IO HUSPILL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DRACTOR: After this certificate has been signed by the ottending physician and completely filled in by the page 3 should detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. VS A15 (4) 15M 10/57

BUREAU V. E.



i director, filed with

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FUNER

2

death.





FOR STATE HEALTH DEPT

ingcessory, please of ector. Page of your files. H

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the certificate, withing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be increased to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL LECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State R or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03546

					7. 5131. 140.
	1. PLACE OF DEATH	0012		2. USUAL RESIDENCE (Where deceased lived If institution:	Residence before admission)
1	M	ontgomery	MARYLAND	o STATE D. C. b COUNTY	
}	b. CITY OR TOWN (I and give neares) town	flautude carparate limits, write EUFA,	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outs de corporate limits, write RUR/	ond give nearest town)
1	Sand			Washington 4.7	
		AL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Brook	e Road		1013 8th St., N.W.	YES NO T
	3 NAME OF DECEASED	First	Middle	Lost 4 DATE Month	Doy Yeor
	(Type or print)	Joshua	Mathews	DEATH Mar. 3	0, 1958 19
	5. SEX	6. COLOR OR RACE 7. MA	RRIED T NEVER MARRIED . 8.	DATE OF BIRTH 9 AGE (In years IFU	NDER TYEAR! IF UNDER 24 HRS
	male	col wipo	WED DIVORCED	2xxx 19/15 43 " Mor	iths Days Hours Min.
,	10a, USUAL OCCUPATION	ON (Give kind of work dane 10 to life, even if retired)	6. KIND OF BUSINESS OR INDUST	Y 11. BIRTHPLACE (State or foreign country) 17	. CITIZEN OF WHAT COUNTRY?
		, , , , , , , , , , , , , , , , , , , ,		Maryland	USA
p	13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	WWIL.
		Gilbert Mather	vs.	Minerva Selby	
	15. WAS DECEASED EV	ER IN U. S. ARMED FORCES?	16 SOC AL SECURITY NO 17, IN	FORMANT Address	-
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Montg Co. Police Record	
	18. CAUSE OF DEA	TH Enter only one couse per l	The second secon	y 20	ONSET AND DEATH
	PART I DEA			oture of diaphram and	ORSET AND OFFICE
	7 X	pur to at		ooth lungs & hemorrhage	½ hr.
	Canditions, if a	ny, which) (b) Sh	ot gun wound :	in upper left abdomen	
	gave rise to imme				ET THE PROPERTY AND ADDRESS OF THE SAME
	couse last.	(c) La	ceration of sp	oleen & Severance of tra	nsverse color
	PART II, OTI	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY
-	S PART II, OII				YES NO
	20g. EXTERNAL CA	USE WAS 206 DESC		ster nature of injury in Part I or Part II of Hem 18.)	
	CAUSE OF DEATH.	Sh	ot by brother	with 12 Ga. shot gun	
	20c. TIME OF INJU	RY Month, Day, Year 20	d. INJURY OCCURRED 20e PLAC	E OF INJURY (Home, form, 20f. (City or town) ry, street, office bldg., etc.)	(County) (Stote)
	12:20 T	3/30/58	thile Not white factor work at work	home Sandy Spri	ng Monta Md
	21. I certify t	hot I took charge of th	e remoins described obo	re, held an Autopsy 🕝 , Inspection 🔲 , In	quiry , and m my
	opin on death	resulted from. Natura	ol causes []. Accident [, Suicide , Homicide , Undetermin	ed monner
		1 1 1			
	SIGNATURE	anh V Bro	28 trent	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
,		1		ASSISTANT MEDICAL EXAMINER	20 1050
	NAME (Type) F	rank J. Bros	chart	DEPUTY MEDICAL EXAMINER	30, 1958
	220. BURIAL CREMATIC	N. 225 DATE THEREOF	22c NAME OF CEMETERY OR		,
	REMINION TOTAL	4/3/58	Ash Memorial	Sardy Spring,	Wil.
	23. FUNERAL DIRECTOR	'S SIGNATURE	Rockville Ma	240 REC'D BY REGISTRAR 246 REGISTRAR	S SIGNATURE
	1000	d. ononce	1	DATE 8 8 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ich
	and the party of the last				

PUREAU V. S.

-		0.3.1.7	Keg. Dist. No.
7		PLACE OF DEATH COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) o STATE D. C
		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give negrest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		Takoma Park // days	Washington Der.
4		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION L'a 5 h 1 n y 4 au Santury m + Hosp.	5420 Connectient ALE N.W YES NO DE
			me Candless DEATH 3 11 1958
		male white WIDOWED DIVORCED	B. DATE OF BIRTH 11 - 1 - 8 5 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min Min
1		b. USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUS during most of working life, even if retired)	TOWAL (Stote or fareign country) 12 CITIZEN OF WHAT COUNTRY?
)		FATHER'S NAME	14. MOTHER'S MAIDEN NAME
/	**	John Mc Caudless	Kate Buchanan
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 Mg on or unbrown 1 [If yet, give wor or doles of service]	NFORMANT Address
			ashington Jan + Hosp Records.
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (5)] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which)	tulmyrandel Infaithe ONSET AND DEATH
	_	gave rise to immediate cause (a), stating the under: Ying cause last. DUE TO	
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO C
		206. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nastice of injury in Port I ar Port II of item 18.)
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PL/Haur a. m. 19 While at wark all work	ACE OF INJURY (Hame, form, 20f. {City or town} (Caunly) (State)
		21. I certify that I attended the deceased from	1950, to 3/11/, 1955, that I last saw the deceased
		alive on 1950, and that death	occurred at XXXVIII, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state)
1		SIGNATURE W Woth	MO. 500 linderund & 71W 3/11/0,
,		PHYSICIAN'S CHES. H. WOLOHON	Washingkon, DC
	220	REPORT 15 1979 3-13-58 22c. NAME OF CEMETERS OF EAST LAWN	R CREMATORY 22d LOCATION (City, town, or county) (Stole) Sheldon Iowa
	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
	1	to seak, Proullers, Jens 1756	Emra N/ PATE MAR 1 3 '58 GOR
1	/	Washington, D. C.	

TO MORULE BY ATTENDING PHYSICIAN: The low requires that the dentificate be executed within 24 hours after death. Tage may be retained by the haspital ar altending physician.

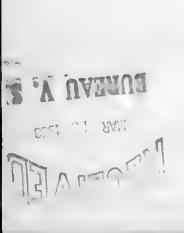
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauly detached far use as the burial-transit permit. Then please remave carbon papers. Pages I and the registrar pract to burial, cremation, ar remaval, and in any event within 72 hours of the death.

funeral director, uld be filed with

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VS A15 (4) 15M 9/55



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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18

		357	*	CERTI	FIC	ATE OF DEATI	Н		Reg. Dis	, No. ()3	548
1	PLACE OF DEATH o. COUNTY	Montgomery		MARY	LAND	2. USUAL RESIDENCE (W STATE Mary)		d lived. If institut b. COUNTY	tion- Residenc		
	b CITY OR TOWN (I RURAL and give no	f outside corporate limi corest town) Bethesda	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town. Bethesda					
	d NAME OF HOSPIT OR INSTITUTION	At (If not in hospital, o Subu		Hospital		d STREET ADDRESS	awn Dr	rive		ON	ESIDENCE A FARM?
3	NAME OF DECEASED (Type or print)	Al		Middle J.		losi McGracken	4 DATE OF DEATH	Mo Lar		Doy 12	Yeor 1958
5.	sex Female	6 COLOR OR RACE	7. MARRI	DIVORCED		November 3.	1910	9 AGE (In years lost b rthdoy)	Months	YEAR IF UNI	DER 24 HRS
L	HO	ON (Give kind of work sing life, even if retired memaker	done 10b.	KIND OF BUSINESS OF	RINDU	STRY II. BIRTHPLACE (Stote Virginia			12. CITI	J.A.	T COUNTRY
13	. FATHER'S NAME Elbe	rt Perry				14. MOTHER'S MAIDEN I	NAME Sho	מנו			
15	NO NO	R IN U.S. ARMED FOR (If yes, give wor or dofes of s	CES? 16 :	social security no. None	1	NFORMANT De B. McCracke		A45	708 Gr ethesd	eenlaw a, har	n Driv yland
		TH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	T.		Cr	cinoms of the	Liver	*		INTERVAL BETWEEN ONSET AND DEATH MONTS 13	
	Conditions, if ony, which gove rise to immediate couse (o), stoting the under-									l year	
CERTIFICATION	PART II OTH) (c IER SIGNIFICANT CON		ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PART	I(o) 19 WAS PERF YES D	ORMED?
Ι.	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRE	D. (Enter nature of injury in	Part I or Part	II of item 18)			
MEDICAL	20c. TIME OF INJUR Hour o.m. p. m.	Y Month, Doy, Yeo	While of work	Not while	20e. PL/ foo	ACE OF INJURY (Home, form clory, street, office bidg., etc.	n, 20f. (City	or lawn]	(Co	ounly]	(Stole)
	actual signature	at lattended the chill	-, 12 5 a	and that	death	accurred at 12:3	L Rai	reel, city or town,	and an the	enda-	
		3/15/58	F	name of CEMET	TERY O	R CREMATORY	22d. LOCAT	ION (City, Iown,	or county)	(Sto	ite}
23.	FUNERAL DIRECTOR'S			ADDRESS thesda, 1		246. REC'	D BY REGIST	10	STRAR'S SIGN	NATURE	

DATE MAR 1



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BUREAU V. S.

DECEDARD SWI

1. PLACE OF DEATH a. COUNTY Montgomery MARYLAND D. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest	dmission A		
Montgomery Maryland Maryland			
b CITY OF TOWN III nutride connecte limits write a LENGTH OF STAY IN The	8		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest RURAL and give nearest lown) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	d give nearest town)		
Bethesda (Rural) 11 mos.7 days Kensington			
d NAME OF HOSPITAL (If not in haspital, give street oddress) d. STREET ADDRESS e 15	RESIDENCE		
IT C Warrand Transfer 3 Badden de 183	ON A FARM? IS 🔲 NO 🔣		
NAME OF First Middle Last OF Month Day (Type or print) Catharine Norman MC FARLANE DEATH March 19	Yeor 19 58		
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF I			
Female White WIDOWED DIVORCED 28 Oct. 1929 lost birthday) Months Days He	ours Min		
Oa USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF W	HAT COUNT		
Housewife None Texas U.S.			
3. FATHER'S NAME 14 MOTHER'S MAIDEN NAME			
Oliver LeGrand NORMAN Sara Delia WARDEN			
S WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Same Asl	#2)		
No Unknown (Husband) William D. MC FARLANE. JR.	4		
Conditions, if ony, which gave rise to immediate cause (o), stoting the under-lying cause lost. DUE TO (b) DUE TO			
₹ <u> </u>	VAS AUTOPSY ERFORMED? 5 NO [
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a. m. 19 While Not while at work at work at work	(State		
21. I certify that I attended the deceased from 26 March , 19 57, to 19 March , 19 58 that I last saw alive on 19 March , 19 58, , and that death occurred at 10:25AM, from the causes and on the date s ACTUAL SIGNATURE for (1) Fig. 10 March . M.D. U.S. Naval Hospital. Betheada, Md.	toted abordate sign 3-19		
PHYSICIAN'S John W. Troy, LCDR, MC, USN U.S. Naval Hospital, Bethesda, Md.			
22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Burial 3-21-58 Parklawn Cemetery Rockville, Maryland	(State)		
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE			
R.A. Pumphrey, 7557 Wisconsin Ave., Bethesda, Md DATE MAR 21 '58			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or othending physician.

TO FUNERAL DEFICIOR: After this certificate has been signed by the attending physician and completely filled in b page 3 should the proched for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and the registror page 1 to burial, cremation, at memory and in any event within 72 hours after death. VS A15 (4) 1SM 10/57

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REALD Y. S.

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			MARY	LAND ST	ATE DEPARTA	MENT OF HEALT	H-BAL	IMORE, 1	8		
			35	70	CERTIFIC	ATE OF DEAT	Н		Reg. Dist. N	. 29	355
1	1	PLACE OF DEATH	ontgomery		MARYLAND	2 USUAL RESIDENCE (W. o. STATE Marvla	_	lived If institution b. COUNTY	on Residence bel	are adm s	isian)
		RURAL and give n	If outside carporate limi earest tawn) (Rural)		LENGTH OF STAY IN 15	c. CITY OR TOWN (IF	outside corpor		URAL and give n	egrest tow	n) .
5/		d NAME OF HOSPI	TAL (If not in hospital, g	ive street addr	ess)	d. STREET ADDRESS	ton Par		2 13 24	ON A	SIDENCE A FARM?
	3.	NAME OF DECEASED	Fir		Middle	lost	inlee]	Mon	th C	ay	Year
		(Type ar print) SEX	6. COLOR OR RACE	1	NEVER MARRIED IX	MC GRATH B. DATE OF BIRTH	DEATH	Mar'c	IF UNDER I YEA		19 58 ER 24 HRS
		Pemale	White	WIDOWED [24 Sept. 195	0	7 yrs.	Manths Days	Hours	Min
1	1	lone mar ar war	king life, even if retired	None Non		JSTRY 11 BIRTHPLACE (State		untry)	12 CITIZEN	of WHAT	T COUNTRY
Л		FATHER'S NAME	John MC GRA	TH.		14. MOTHER'S MAIDEN Helen Ro		AA NI			
	-		R IN U. S. ARMED FOR (III yes, give wor or dates of s	CES? 16. SOC		informant ather) Lawren		Addr		s #2	
		PART 1 DEA 5773 Canditions, if a gave rise to i cause (a), stating lying cause last.	the under-	Fi	(o). (b) and (c)] testinal broagstin	Obatruct Disease	in par	lungs	400	TERVAL RIJ	DEATH CALL
1	IFICATION					T NOT RELATED TO THE TERM			EN IN PART I(o)	PERFO YES	AUTOPSY DRMED?
	AL CERTIF	(IF EITHER, NOTIFY	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)								
	MEDIC	20c TIME OF INJUR Haur a.m. p. m.	19	While at work	Not while at work	LACE OF INJURY (Hame, for octory, street, office bldg., et	[.]	·	(County		(State)
1		actual SIGNATURE	Bush (19 58 J. St		h	P.M. from ADDRESS (Str L Hospi	the couses a eet, city or town, tal, Bet	nd on the do	ote state Di Md . 3	
		BURIAL, CREMATIO REMOVAL (Specify) BURIAL	226 DATE THEREO	F 220	NAME OF CEMETERY	U.S. Nava pr crematory til Cemetery	22d. LOCATI	on (City, town, ongton, V	r county)	(Star	re)
	23	FUMERAL DIRECTOR)		in Ave.,Beti		D BY REGISTR	AR 246. REGIS	TRAR'S SIGNATU	RE	



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ony deloy is	he retained	the State	after deoth.	
death. If	2, and 3 to	ond 2 with	72 hours o	
haurs ofter	e Pages 1,	e Dodes 1	event within	
within 24	m 18. Giv	oermit. Fil	nd jr any	1
be executed	encil is the	ioi-tronsit I	removal, a	DE
te showld	ding in p	d as a bur	notion, or	
is certifica	word pen	uld be use	urial, crea	
ER: T	riting the	o rae Cale	prior to b	
HCAL EXM	Fiscote, w	CTOR: F	ed ogent,	
PUTY MEE	ute the cer	NERAL	s designat	
TO DE	BXGC	TO FU	Dr if	

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	MEDICAL EXA	MINER'S	CERTIFICAT	E OF DEATH	Dist No. 03553					
ŀ	PLACE OF DEATH	2.	USUAL RESIDENCE (W	there decreased lived. If institution, Res	idence before admission)					
	o. COUNTY Montgomery	MARYLAND	o CTATE	ylvania b. COUNTY						
	b. CITY OR TOWN (Louiside corporale Limits, will be RURAL C. LENGTH	OF STAY IN 16		oulside corporate limits, write RURAL of	and a ve nearest town)					
	and give nearest town)	45 min.		delphia ^~						
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give str	· male in the second second	d STREET ADDRESS	ae Thura	e IS RE IC'N					
	U.S Naval Hospital, Bethesda, Ma		59 W.	Queen Lane	YES NO PA					
		Middle	(ost	4. DATE Month	Doy Year					
	DECEASED	_		DEATH	13 19 58					
1	5. SEX 6 COLOR OR RACE 7 MARRIED NEVE	LEO	MC HUGH		ER TYEAR IF UNDER 24 HRS					
			Sept. 193'	7 20 yrs Months	Doys Hours Min					
	100 USUAL OCCUPATION (Give kind of work done 10b K ND OF BUS				ITIZEN OF WHAT COUNTRY					
	during most of working life, even if relired) Mariner U.S. Mari	ne Corns	Pennsylva	nia	U.S.					
-	13. FATHER'S NAME		MOTHER'S MAIDEN N		0.0.					
	John Philip MC HUGH	F	llen Berth	B THOMPSON						
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECU			Address						
Н	Yes - Currently 189 30 C	935 MMoth	er) Mrs. E	llen B. MC HUGH (S	lame As #2)					
	18. CAUSE OF DEATH [Enter only one couse per I ne for (o), (b), o	707			TINTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY: Comphysol		and Lacer	ation	9 Hr. 45 mi					
	919.3 IMMEDIATE CAUSE (6) CETEBLAL	11011111080								
		und through	h skull							
	gove rise to immediate couse									
	(c), stoling the underlying DUE TO									
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO THE TERM!	NALDISEASE CONDITION G VEN IN P.	ART 1(0) 19. WAS AUTOPSY PERFORMED2					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				YES NO					
	200 EXTERNAL CAUSE WAS PRIMARY 13 or CONTRIBUTING D 205 DESCRIBE HOW INJUING CAUSE OF DEATH.	Y OCCURRED (Enter	noture of injury in Parl	or Fort II of item 18 sustai	ning injury					
	G CAUSE OF DEATH. Playing wit	h loaded p	istol, uni	ntentionally disch						
	3 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCI	JRRED 200 PLACE C	F INJURY (Home, form street, office bldg., etc.)	, i 20f. (City or fown) (0	County) (State)					
	6:45 p.m. March 12 1958 While Not we		un Factory		C.					
	21. I certify that I taok charge of the remains d				viry , and in my					
	apinion death resulted fram: Natural causes	Accident X),	Suicide 🗍, H	famicide . Undetermined	manner					
	7.		_							
	SIGNATURE Trans 1 Brazaha	_M	D CHIEF MEDICAL EX	AMINER []	DATE SIGNED					
			ASSISTANT MEDICA	AL EXAMINER []	3-14-58					
	RAMME (Type) Frank J. Broschart, MD		DEPUTY MEDICAL I	EXAMINER 🖾						
	220. BURIA, CREMAT ON, 22b DATE THERFOR 22c NAME (REMOVAL (Specify)	OF CEMETERY OR CRE	MATORY	22d LOCATION (City, lawn, or county	(Slate)					
	Burial 3-17-58 Nat'l	Cemetery		Beverly, New Jers	* -					
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRE			D BY REGISTRAR S	SIGNATURE					
	W.W. Chambers, 1400 Chapin St., W	ashington,	D.C. DATEMA	R17'58 100-1-20	ush					

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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elay is necessary, please exe-	il director. Page 4 shauld be	files	ar p. o burial, cremation,	
124 hours after death. If any de	Poges 1, 2, and 3 to the funeral	Page 5 may be retained for your	ile pages I and 2 with the registra	- The second
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please exe-	cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 sho	farwarded 2 the Chief Medical Examiner's Office alang with farm PM3. Page 5 may be retained for your files	FCTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar p	
TO DEPUTY MEDICAL EXAM			¥	The restriction
VS.	. A	15/	AE(5

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE **b. COUNTY** MARYLAND Murvland Mont. or erv Montgor erv b. CITY OR TOWN (II outside corporate firmts, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give necrest town) Bethesda Retherda D.O.A d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) # d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO IN 8202 Kenthury Dr First Middle DATE Last Yeor (Type or print) DEATH Robert T. Mc Kinlaw 6 195819 March 6. COLOR OR RACE 7. MARRIED 7 NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years FUNDER TYEAR IF UNDER 24 HRS. fast birthday) Months Hours Min. WIDOWED | DIVORCED | White 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPUACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Lawver U.S. Gov. Chicago. II.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert W. Mc Kinday Ethel Todd 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14. SOCIAL SECURITY NO. 17. INFORMANT Address None World War Yes (Navv) Sale as above TB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which] gove rise to immediate couse DUE TO (o), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUTOPSY PERFORMED? NO P 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) CAUSE OF DEATH.

20g. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING

20d. INJURY OCCURRED 20r. TIME OF INJURY Month, Day, Year Hour a.m. While Not while of work p. m.

20e. PLACE OF INJURY (Home, form, 20f. (City or toyn) (County) factory, street, office bldg., etc.)

21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry A, and find that death resulted from: Natural causes . Accident . Suicide A. Hamicide M. Undetermined cause M.

ACTUAL

CHIEF MEDICAL EXAMINER [7] ASSISTANT MEDICAL EXAMINER | DEPUTY MEDICAL EXAMINER FO

DATE MAR 1

3-6-

NAME (Type) Frank & . Broschart 220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify)

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

(Stote)

DATE SIGNED

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

arlington

Arlington Virginia 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S STGNATURE

A. Pumphrev

a. COUNTY

3. NAME OF

5. SEX

DECEASED

Male

couse fost.

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Bethesda.

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director Page

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

03555

3582 Reg. Dist. No. with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY MONTGOMERY old be filed Virginia b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) RURAL and give negrest lawn)
KENSINGTON Wheeling d NAME OF HOSPITAL (If not in hospital, give street address)
KENSINGTON GARDENS SANITA d. STREET ADDRESS e. IS RESIDENCE GARDENS SANITARIUM ON A FARM YES NO pup NAME OF Middle McLEAN 4. DATE Month Day Year DECEASED KATHERINE OF MARCH 1958 (Type or print) 1.5 DEATH 5. SEX COLOR OF RACE 7. MARRIED NEVER MARRIED 5 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Davs Hours 10-30-1870 DIVORCED T WIDOWED [7] papers. yrs. 10a, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? death. carbon W. Virginia U.S after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John McLain remove Margaret Hav 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address No None Hosp. Records egge 18. CAUSE OF DEATH [Enter only one cause per line fgs.(o), (b), and (c).] INTERVAL BETWEEN a ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RCINON **DUE TO** GEL Conditions, if any, which permi gove rise to immediate DUE TO couse (a), stating the underlying cause last. (c) PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🗔 NO C 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour e. ft. foctory, street, office bldg., etc.] While Nat while at work of work p. m. 13 1958 that I last saw the deceased 21. I certify that I attended the deceased from alive on and that death occurred at 3 .M, from the couses and on the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED 1260 ACTUAL SIGNATURE shaul PHYSICIAN'S NAME (Type) Charles Weber m 22g. BURIAL, CREMATION. 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Removal 3-16158 Wheeling. W. Va. 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATUE Ave., N.W. DC

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		283		J CERTIFICA	TE 01 DE	Reg. Dist.	No.
	OF DEATH	Rontesmer	u	2 USUAL RESIDENCE	Where deceased lived	If institution: Residence	before admission)
o. COUN	1812 Co	2 -/	MARYLAND	o. STATE Md.	b	COUNTY Mont	
b. CITY (OR TOWN (31 outside sor	porgle [n: Is, write EUEA	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate lin	nits, write RURAL and giv	re neorest lown)
	Silver Spr	ing. Md.	5 yrs.	Silver	Spring. M	id.	
d NAME	E OF HOSPITAL OR IN	STITUTION (If not in h	ospital, give street address)	d STREET ADDRESS			e \$ RESID! CE ON A FARM?
	1812 Cody	Dr.	And a selection delication and the selection of the selec	1812 Cd	ody Dr.	-	YES NO 💢
3. NAME C	DF ED	First	Middle	lost	A DATE OF	Month D	Poy Yeor
(Type or	print) Wil	liam John M				arch 17,	19 58
5. SEX	6. COL	OR OR RACE 7- MAR	RIED NEVER MARRIED B	I. DATE OF BIRTH	9 AGE lost ber	th years IFUNDER TYE	
Ma	le W.	hite woow	ED DIVORCED	4/4/75	82		s Hours Min.
100. USUAL	L OCCUPATION (Give	kind of work done 10b	KIND OF BUSINESS OR INDUST	TRY 11 BIRTHPLACE (Stole	e or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
		etired) W	oodward & Lothr			10)63	A
13. FATHER	(S NAME			14 MOTHER'S MAIDEN			
15 WAS D	William M		6. SOCIAL SECURITY NO. 17	Mary Mary	(unkn		in hillion fallows.
(Yes, no, er or		no war or dates of service)		s. Zelda Mir	+2017 181	Address Dr.	
no		P				ng Marylan	d.
	PART I, DEATH WAS	r only one coute per lin CAUSED BY-	e tor (o), (b), ond (c).	-	Tract obit	.ng, Laryra	INSET AND DEATH
	IMMEDI/	ATE CAUSE (o)	Coronary occ	lusion			Found dead
1 1 '	10,1	DUE TO					in bed
	itions, if any, which rise to immediate cou						
(0), 11	toting the underlying					-	
COUSE) (c)	CONTRIBUTING TO DEATH BUT N	NOT BELATED TO THE TERM	A NIAL DISEASE CONDU	TON CONTUNE DADY NO	A PARTITION OF THE PART
Ď.	PARE II, OTHER SIGN	INCAM CONDITIONS	CONTROLLING TO DEATH BOTT	TO RELATED TO THE TERM	NAL DISEASE CONDI	FION GIVEN IN PART IQU	PERFORMED?
5 200 SI	XTERNAL CAUSE WAS	206 DESCR	IBE HOW INJURY OCCURRED. (E	inter mature of injury in the	of Los Book Hard New 2		YES NO
ZOG, EX PRIMAI CAUSE	RY OF CONTRIBUTION	NG 🗆	BE NOW HOURT OF CURRED. (E	chier spiore or injury in ro	FI I OF POYI IF OF HEM. F	8.1	
	ME OF INJURY M	onth, Day, Year 20d	INJURY OCCURRED TO PLA	CE OF INJURY (Home, for	m, i 20f (City at town)	(County)	[Stote]
70c. fu	four o.m.	Wh		ory, street, office bldg., ex		,	, , , , , , , , , , , , , , , , , , , ,
			remains described abo	ive, held on Auton	sy 🗌 Inspectio	an [3], Inquiry [(), and n my
	,	-	couses X, Accident			Undetermined mar	
1	on death resorte	0 (7011), 14010101	Za, riceideni [Oliderermined Indi	iller E.J
ACTU/ SIGNA	AL ATTION	10 B.	what	CHIEF MEDICAL E	XAMINER [DATE SIGNED
		aux - lass	Agriculta Land Land Sales Control of Control	ASSISTANT MEDIC	CAL EXAMINER		
	nner's E (Type) Fran	k J. Brosch	art	DEPUTY MEDICAL	EXAMINER X	March 17, 19	58
220 BURIA	L, CREMATION, 226	DATE THEREOF	720 NAME OF CEMETERY OR	CREMATORY	22d LOCATION (CI	ly, town, or county)	(Store)
BURI	AL (Specify) 3/	20/58	MT. OLIVET CEN	METERY	WASHINGTO	DN, D.C.	
23 FUNERA	AL DIRECTOR'S SIGNA	FURE	ADDRESS		D BY REGISTRAR 2	46. REGISTRAR'S SIGNA	TURE
Way	Mely G. T.L.	inshrell.	SILVER SPRING.	MD.	-	1 -1	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, mitting the word "pending" in pending its less. 3. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forgarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DE TOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State 8 of Health, or remarkal, and the death. VS. ATSME 5M 2/57

A W HARRE

8361 OS 9AM

OB ALEGENA

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	MARYL	AND:	STATE DEPA	RTM	ENT OF F	IEALTH	I-BAL	TIMORE, 1	8			
	35	84	CERTI	FIC/	ATE OF I	DEATH	1		Reg. Dis	. No. 3	355	7
Mont			MARY	LAND	2. USUAL RESI	DENCE (W	nere deceased	b. COUNTY	n: Residenc	e before	admission	1)
RURAL or	TOWN (If outside corporate limits and give nearest lawn)	, write	c. LENGTH OF STAY	IN 15	c. CITY OR	TOWN (If a	oulside corpor	rote limits, write R		ive neare	est town)	
d. NAME O OR INSTI		re street o	4 yrs.		d. STREET A	DDRESS		Silver S	pring.		IS RESIDE	ENCE ARM?
3. NAME OF	17 Dixon Ave.					Dixon					YES I	40 🚺
DECEASED (Type or pri	First TT		Middle		Los		4. DATE OF	Mon	th	Day	Yes	or
5. SEX	IIdr	- M	Roy		Meal		DEATH		- O	19		58
			NEVER MARRIE		8. DATE OF BIRT			9. AGE (In years lost birthday)	Months	-	Hours	Min.
Male	White CUPATION (Give kind of work di	WIDOWEL		t-mark	May Ili,	1900		57 yrs.	100 0170			
outning mo.	or working life, even it fettred										WHAT C	OUNTRY
BUS (operator-Retired		C. Capito	1 1	ransit		derick	Md.	US	A		
	narles E. Meales		OCIAL SECURITY NO	17 H	MFORMANT	ie Ko	TD	Add				
(Yas, no. or unknow	(If yes, give war or dates of ser	vice)				L P I	Vanla.			1 ****	047	C'm
No.			78-10-5363		rs. Sara	n E. I	меатеу	, 8417 D	Md.			
	E OF DEATH [Enter only one cou RT I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	se per l'ne	tar (a), (b), and (c)	ار م	Fai	lier	e -		WC.	ONSET	VAL BETW I AND DI Z- MCA	EATH
20	4.0 DUE TO	~				0	-	16				
	ons, if ony, which) (b).	_5	evere.	Se	eond	tem	Clus	2 mid		6	ne	72
	stoting the under-	Ci	wonie	L	meht	alle	: Le	u ken	us.	2	-90	aus
NO PAI	Deaveles	A . A	elle lie a	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART		WAS AU PERFORM	TOPSY MED?
200. ACCIT	DENT WAS UNDERLYING [] 2 HBUTING [] CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	Ob. DESCI	RIBE HOW INJURY OF	CCURRE). (Enter nature o	f injury in f	Port I or Port	II of item 18.)				121
	DF INJURY Month, Doy, Year o. m, p. m 19	While	Not while	20e. PL/ foo	ACE OF INJURY (Home, form bldg., etc.	, 20f. (City	or town)	(Co	ounty)		(Stole)
21. I cer	tify that (attended the a	decease	d from Been	12	1057	, to	Pros	2W 19	that I I	nah annu	. Alemanda	
alive an	April 1 mg 100	. 19.5					Pla from	the causes a	ad an ib	2 4-4-	r ine de	cease
	15	(U)	, die mai	acom	Occomed at			reet, city or town,		e aare	DATE	SIGNE
ACTUAL SIGNATUR	Merch	1/2,	Gos	3	M.D. 877	& He	alde	ine	1		1/19	100
		-			M.D	المراجعة	t-flre	ung-jeth	4	7	f-l-f-f	20
PHYSICIAN NAME (Typ	rs Merrill	M. (cross					0				
220 BURIAL, CI REMOVAL	REMATION, 22b. DATE THEREOF		22c NAME OF CEME					ION (City town, a			(Stote)	
Buri	RECTOR'S SIGNATURE	,		et C	emetery			derick, b				
Ware	on E. Tumph	roy	, ADDRESS 'Silver Sp:	ring	. Md.	240. REGIL	R 2 4 58	RAR PAR REGIS	FRAR'S SIGN	MARTIRE		
		-	5									



Buneau V. 22

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STATE ALL COMM

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1			MARY	AND S	TATE DEPA	RTM	ENT OF HEALT	H-BAL	TIMORE, 1	8 03	3559	
			35/	25	CERTI	FICA	TE OF DEAT	Н		Reg. Dist. No		
director.	1.	PLACE OF DEATH a. COUNTY			ил	LANS.	2 USUAL RESIDENCE (V o. STATE	/here decease	b. COUNTY			an)
deoth:		b. CITY OR TOWN (I	Omery foutside corporate limi	ts, write	c. LENGTH OF STAY	IN 36	Maryland c. CITY OR TOWN (IF	autside corpo		IONTGOME:		
9 52		RURAL and give ne			1 hr.		/ Boyds					
\$ \$ \tag{\tag{\tag{\tag{\tag{\tag{\tag{		d NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street ad	ldress)		d STREET ADDRESS				e. IS RESID	DENCE FARM?
ours nd 2	1	Iontgomery	County Gen			ļ.					YES 🕞	NO 🗌
4 5 -	3.	DECEASED (Type or print)	Fir		Middle		Last	4. DATE OF DEATH	Mont		•	199
ithin 2 Ily fittle Pages	5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIE	D FT	MOOTO B. DATE OF BIRTH	260111	9. AGE (In years last birthday)	IF UNDER 1 YEAR	22 1	16.2
≯		unknown	MT	WIDOWED		NE.	3/22/58		last birthday) yrs.	Months Days	Hours	■in.
sompli popers arh.	10	during most of work	N (Give kind of work in ing life, even if retired	dane 10b. Kl	ND OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (Stat	e ar fareign c	ountry)	12 CITIZEN C	F WHAT	OUNTRY
ă ger	15	FATHER'S NAME					Maryla			II.	5. A.	
e grand	13						14. MOTHER'S MAIDEN	NAME				
## ysici move hours	15	Robert, WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. SC	OCIAL SECURITY NO	, 17, IN	Fidna Mae	Reed	Addre	255		
9 B 2 C	64	es, no. or unknown)	(1) yes, give war or dates of v	ervice)			Edna Mae Re	had	Sau	, el		
death tenillin please vithin		IB. CAUSE OF DEA	TH [Enter only one co	use per line	for (a), (b), and (c).	1			- Jau	INT	ERVAL BET	WEEN
he de la catte		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	1		Dhae	inital defor	mity		ON	SET AND I	-Th
that the by the it. The y even		1	DUE TO		0	1	+ 11	0 1	A 4			
ed b irmit.		Conditions, if an	n mediate (<u></u>	BSCH	u abamina	Ms Ms				
requi		lying cause last.	he under- DUE TO		Ine	Lom	plete develo	pment	lower	Spine		
ow re rsiciar been transi	NO	PART II. OTH			NTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIVE	N IN PART I(a)	19 WAS AI PERFOR	UTOPSY MED 2
The I has has rial-move											YES	
AN: ending ilcots the br	CERTIFICATION	OR CONTRIBUTING	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	206, DESCR	IBE HOW INJURY OF	CCURRED	t, (Enter nature of injury in	Part I or Part	t II of item 3B.)			
r officertifion, trion,	MEDICAL	20c. TIME OF INJUR	Month, Day, Yes		URY OCCURRED	20e. PLA	CE OF INJURY (Hame, far lary, street, affice bldg., a	m, 20f. (City	or lown)	(County)		(State)
this this removed the second	¥E.	p. m.	19	White at work [Not while at work		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
ol, o		21. I certify th	at Lattended the	deceased					, 19			
buri		alive on	-{-}	12	, and that	death	occurred at 10:03					
A M	,	ACTUAL SIGNATURE	Kuhane	6.	dola.			WD0KE22 (2)	rect, city or town, s	itale)	7/7 ·	TE SIGNED
AL OR	ì				1	^	n.D				2122	732.
PITAL Reference Bral 3 shoul gistror	_	PHYSICIAN'S NAME (Type)	P A V	ates.	M. D.		Olney	Mary	and			
0 7 2 0 8	22	BURIAL CREMATIO	N, 22b. DATE THEREO	F	22c. NAME OF CEME	TERY OR	CREMATORY	22d. LOCAT	ION (City, lawn, or	r county)	(State)	
D OF STATE	23	FUNERAL DIRECTOR	S SIGNATURE //	0	ADDRESS	Lla	240 000	D SY REGIST	RAS 245 REGIS	TRAR'S SIGNATU	DF -	
VS A15 (4) 15M 9/55		onstance	C. Stis	to ,	Harn	عري	velle DATE	MAR Z G	200	A LOUIS	-	
, and , , , , , , , , , , , , , , , , , , ,	100	()11/2))	1 V 1/1/			10						



BUREAU V. T.

15M 10/57

CA	TE OF DEATH	ı		Reg. Di	st. No.	03	560			
ND.	2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o STATE b COUNTY Maryland Montgomery									
16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
	X (Forest Glen) Silver Spring									
	d. STREET ADDRESS Holman Ave	nue a	nd Hale P	d Hale Place e is residence on a Farm?						
	last	4. DATE	Moni	lh	Do		y Yeor			
		OF DEATH	March		27 195		58			
	B. DATE OF BIRTH 9. AGE (1		9. AGE (In years	IF UNDE	1 YEAR					
5	11/24/81		lost birthday) 70 yrs	Months	Doys	Hours	Min			
VDUS	TRY 11. BIRTHPLACE (State	or foreign c	ountry)	12 CI	TIŽEN O	F WHAT	COUNTRY			
	England		U.S.A.							
	14. MOTHĚŘ'S MAIDEN N	AME								
	Ann Crow	der								
7 IN	FORMANT		Addr	ess						
irs	. Winifred G.	Blum	e, 105 E.	. 37t	h St					
a	ilure		New York	, N.Y	INTE	PVAL BE ET AND	TWEEN DEATH			
and extensibility cardio - several										
cu	las reval	d	isease.			V				
BUT	NOT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 1	PERFO	AUTOPSY RMED? NO []			
RRED	Enter nature of injury in P	art I ar Pari	I II of item 18.)							
PLA fac	CE OF INJURY (Home, form, lary, street, affice bldg, etc.)	20f (City	or lown)	(1	County)		(State)			
4	12, 19 55, to	3 -	2 6, 1958	,that I	last sa	w the	deceased			
oth	occorred at 1	M, Fron	n the couses or	nd on t		e stote				
^	A.D. <u>931 Pershin</u>				ing.		7.58			
Y 0	CREMATORY	224 1004	TION (City, town, o							
					7	(Stote	1]			
ue	metery		est Glen							
. 0	marine M 240 REC'D	BY REGIST	RAR 24b. REGIS	IKAR'S SI	GNATUR	5,4				

MAR 3 1 '58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

WAR SI 1959

BECENED

hours after death?

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



JUREAU V. S.

	<u> </u>	GERTINIO,	TIL OI PLAIII		Reg. Dist. No.						
	1. PLACE OF DEATH COUNTY Montgomery	MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admiss o. STATE CONNECTICUT b. COUNTY								
	b. CITY OR TOWN (If outside corporate limits, writeRURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	itside corporate limits, write	e RURAL and give nearest town)						
	Bethesda	53 days	Wallingford								
0	d NAME OF HOSP.TAL (If not in hospital, give street of OR INSTITUTION The Clinical Center, Beth	d. STREET ADDRESS 63 Simpson Avenue 63 Simpson Avenue 755 No 158									
	3 NAME OF First	Middle		4. DATE	Aonth Day Yeor						
	DECEASED (Type or print) Lela	Gracie	Mvers	OF DEATH Ma.:	rch 7 1958						
	5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In yea	IF UNDER 1 YEAR IF UNDER 24 HRS						
	Female White WIDOWE	D DIVORCED	June 18, 1891	1 lost birthdox	7) Months Days Hours Min.						
	100 USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if rehred) HOUSEWIFE		STRY 11. BIRTHPLACE (Slote o		12. CITIZEN OF WHAT COUNTRY						
	13 FATHER'S NAME	ione	14 MOTHER'S MAIDEN NA		U.D.A.						
	Eugene Beach	Ellen Gracie									
	15 WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Address										
	(Yes, no or unknown) (If yes, give wor or dates of service) Ur	nascertainable		al Center, Be							
party.	PART 1. DEATH WAS CAUSED BY DUE TO DUE TO										
1	21. I certify that I attended the deceased from January 13, 19 58, to March 7, 19 58, that I last saw the deceased alive an March 7, 19 58, and that death occurred at 11:50 AM, from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S Robert B. Couch, M. D. National Institutes of Health Bethesda 11, Maryland										
	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION (City, town	n, or county) (Stote)						
B	ur=Transit 3/8/58	In Memoria	m	Wallingsfo	rd, Conn.						
	23 Auheral Director's Signature Robert A Pumphrey-Bet	hesda, Md.	246. REC'D		GISTRAR'S SIGNATURE						

funeral director, and be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Pogma y the hospital ar attending physician.

OR: After this certificate has been signed by the attending physician and campletely filled in by etached for use as the buriat-transit permit. Then please remove carbon papers. Pages 1 and 2 to burial, cremation, ar remaval, and in any event within 72 hours affer death.

page 3 shauld the registrar prior TO HOSPITAL OR may be retain TO FUNERAL DIS VS A15 (4) 15M 10/57

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

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Free Jewins M. m. yla. 8. C

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 3590 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY 155 b. COUNTY outasmery MARYLAND b. CITY OR TOWN (If outside corporate limits/write RUBAL and give negress/bown) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest tawn) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO TH NAME OF Middle 4. DATE Day Yeor DECEASED OF DEATH (Type or print) re50 19 5 ave 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost_birthday) Months Days Hours WIDOWED 1 DIVORCED T 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) DUSP. UII 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address R 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Manth, 20d. INJURY OCCURRED Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc.) Q. D. Not while at work at wark 21. I certify that I attended the deceased fram, 1958 that I last saw the deceased and that death occurred at 2 -P.M. fram the causes and an the date stated above. ADDRESS (Street, city or town, state) FUNERAL DIRE SIGNATURE 3 shou PHYSICIAN'S 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY eSod 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial Creek Rock Washington 9 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 Marvland

Z .V UABRU

WAS S 1923

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. HEALTH DEPT 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admiss on) PLACE OF DEATH n. COUNTY Page o. STATE **b** COUNTY files. Health, MARYLAND b. CITY OR TOWN Ill outside corporate limits, write RJRAL and give regrest town) c. LENGTH OF STAY IN 16 and give negres! town 500 . IS RES DENCE d. NAME OF HOSPITAL OR d STREET ADDRESS ON A FARM? retained i YES NO W NAME OF Middle DATE Year DECEASED Š (Type or print) DEATH 1958 0 5 may be r 2 with the 9. AGE Ile years IFUNDER TYEAR IF UNDER 24 HR 5. SEX 6. COLOR OR RACE MARRIED TO NEVER MARRIED TO B DATE OF BIRTH (at b rthday) Months Days Hours WUDOWED | DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF WHAT COUNTRY? Page during most of working life, even if retired) Give Pages F. pages 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME them 18. Give Palang with form 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN UNSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Office **burial-trans** DUE TO Conditions, if ony, which gove rise to immediate cause cal Examiner **DUE TO** (e), stating the underlying O couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)[19, WAS AUTOPSY PERFORMED? Se of NO I Medical 20d. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. þe 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) should Chief 20d INJURY OCCURRED 20e. PLACE OF IN. URY (Home, form, 120f, (City or fown) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg, etc.) While Not while Hour at work of work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection . Inquiry 😾 and in my rded TOR: opinion death resulted fram: Natural causes [4], Accident ... Suicide Hamicide 1. Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL 1 ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER 134 NAME (Type) 220 BURIAL CREMATION 226 DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) WASHINGTON. D. C. CEMETERY OLLVET **ADDRESS** 246, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24g REC'D BY REGISTRAR A15ME DATE MAR SILVER SPRING. MD. 5M 2/57

or.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. A.

TO FUNERAL DIRE the registrar prior

VS A1S (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3592

CERTIFICATE OF DEATH

03567 Reg. Dist. No.

	1 1	PLACE OF DEATH O COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)
		Montgomery MARYLAND	o. STATE Maryland b. COUNTY Montagnery
		b. CITY OR TOWN (If outside/corporate limits, white c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		RURAL and give neorest town) Bethesda 14 hrs.	Silver Some
	-	d NAME OF HOSP TAL (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
		OR INSTITUTION	ON A FARM?
		Suburban Haspilal 1.	LLT SIIgo HVe, YES NOD
	- (NAME OF First Middle DECEASED First	Lasi 4. DATE Month Day Yeor
		(Type or print) Haulie N. P	earre DEATH March 21 1958
	S. S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost bythdoy) Months Days Hours M.o.
		Temale white WIDOWED (1) DIVORCED (1)	4-20-1018 74 m
1	100	o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY
		no -	Unionville, Maryland America
/	13.	FATHER S NAME	14 MOTHER'S MAIDEN NAME
-		George D Norris	Olivia Warner
			ORMANT Address
	į vas	ex. no or unknown) (If yes, give wor or dotes of service)	Honory Malor 629 Sligo Ave.
	H	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
		IMMEDIATE CAUSE (a) /1 A / C/\ 0 > C	HIRETIC MADIOLOSE HISPISS 4-17.KS
		432,1 DUE TO	
		Conditions, if ony, which gove rise to immediate (b)	
		couse (o), station the under DUETO	1.5
			20 4 3 1 1 1 x d my 5
	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
5			S. Y+ KRS. YES NO
	CERTIF	200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or Part II of item 18.)
		· ·	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLAC	E OF INJURY (Home, form, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
	ME	Mour o m. While Not while of work of work	7, 5,55,7
		21. I certify that I attended the deceased from Ai AR	, 1952, to
			occurred at 2552 / M, from the causes and an the date stated above
		The second secon	ADDRESS (Street, city or lown, stote) DATE SIGNED
		ACTUAL TO STATE OF THE STATE OF	· · · · · · · · · · · · · · · · · · ·
		SIGNATURE M.	D. BERGEFY AN Istinged Ma 3,243
		PHYSICIAN'S NAME (Type) DOLL TO D. LTUYIN	
		9-BURIAL CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY OR	EREMATORY 22d LOCATION (City, Ipwn. gotophity) (State)
	1	SIRIA 3-25-1918 WINGANOR	
	ź3. I	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR & SIGNATURE #
		Cinvally Wintield Ma	DATE MAR 2 6 '58 Planesuch



BUREAU V. E.

0001 000

==

PLACE OF DEATH

Ab. CITY OR TOWN III and give nearest town) Silver d. NAME OF HOSTITA

male

10a. USUAL OCCUPATION during most of working laborer

13. FATHER'S NAME

NAME OF DECEASED (Type or print)

5. SEX

CERTIFICATION

KRXXX

Woodro 15. WAS DECEASED EVE

> IB. CAUSE OF DEATH PART I. DEATH

Conditions, If an

gave rise to immedi (o), stating the ur cause lost.

EXAMINER'S

NAME (Type)

220 BURIAL CREMATION,

Mo

MARYL	AND S	TATE DEPAR	TME	NT OF HEALT	Н-ВА	LTIMORE,	18			
_	DICA	L EXAMINI	ER'S	CERTIFICA	TE OF	DEATH	Reg. 1	oist. No	135	68
3593				2. USUAL RESIDENCE	Where decea	sed lived. If institu				
tgoery		MARYI	AND	o. STATE M. TY	Land	b. COUNT	1	Mont	-	
utside corporate limits, write	RURAL	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (Foutside cor	porate limits, write	RURAL an	d give n	eorest la	wn)
Spring		12 hrs		77 Takono	Park					
CONTRIBUTION !	Bot iV foll	ital, give street address)	d STREET ADDRESS						ESIDENCE A FARM?
ex8t				126 Lee	St					NO [
Firs	t	Middle		Lost	4. DATE OF	Manti	1	Day	Y	fear
Wilson			erry		DEATH	Mr. 22	, 19	58	1	9
		NEVER MARRIED	⊠ B.			9. AGE (In years lost birthday)	Months	Days	IF UND	ER 24 HRS.
white	WIDOWED			11/20/37	202	20 yrs.	Might	Duys	Tructo	291017.
I (Give kind of work of life, even if retired)				Y 11. BIRTHPLACE (Stoke	ar foreign	country)	12. CI1	IZEN O	F WHAT	COUNTRY?
	Ma	intenance :		1447 417		na		USA		
		Comban	y	14. MOTHER'S MAIDEN						
W. Perry				Minnie Pe	arl Da					
IN U. S. ARMED FOR f yes, give wor or dates of a	and and	OCIAL SECURITY NO. 10-62-1223		FORMANT		Address			6.7	
			M	lontg. CO. P.	olice	, Silver	Sprin	g, N	id.	
[Enter only one cou								INTER	T AND DE	EEN ATH
WAS CAUSED BY: MEDIATE CAUSE (a)	Subd	ural Hemori	hag	е				5	hrs	
DUE TO	_		_							
which)	Fract	ure of skul	1						6 hr	S
derlying DUE TO										
) [c).										
R SIGNIFICANT COND	OITIONS CO	ATRIBUTING TO DEATH	BUTN	OT RELATED TO THE TERM	NAL DISEAS	SE CONDITION GIV	EN IN PAI			AUTOPSY PRMED? NO
E WAS TRIBUTING []	**			frei and a hor		of item 18.)				

PART II OTHE 20a, EXTERNAL CAUS PRIMARY or CONT CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.)

1:30 Not while at work While at wark at work Silver Spring Montg. Md home 21. 1 certify that I tack charge of the remains described above, held on Autopsy & Inspection I, Inquiry . ond find that Accident , Suicide , Homicide , Undetermined cause deoth resulted from: Natural couses ,

ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

Mar. 22; 1058 DEPUTY MEDICAL EXAMINER

22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Bula Christian Church Wake Forest, N. C. Burial ADDRESS

23. FUNERAL DIRECTOR'S SIGNATURE Silver Spring, Md.

226. DATE THEREOF

Broschart

24a. REC'D BY REGISTRAR MAR 2 4 '59

1246. REGISTRAR'S SIGNATURE

DATE SIGNED

(State)

V\$. A15ME(5) SM 9/55

USV 1902

Eunthau V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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death.

hours after

24

within

the death certificate

thot

O HOSPITAL

EUREAU V. S.

MAR 6 1733

7.	>					CE	RTIFICA	TE OF	DEATH	4				35'	7()
41	H			2594	1								Dist. No.		
		PLACE OF DEATH COUNTY CONTROMERY	7		~		MARYLAND	O. STATE	chuset		f lived. If inst b. COUI		sidence befo	re admissi	or)
		B CITY OR TOWN	(If outside corpo	prate limits	, write	c. LENGTH O	F STAY IN 1b				rote limits, wri	te RURAL o	and give nec	rest town)
	E	Bethesda	(Rural))		81. da	vs	Holyo					n name and a		
		OR INSTITUTION	TAL (If not in he	aspital, giv	ve street o	iddress)			ADDRESS			-		e. IS RESI	DENC
71	U	.S. Naval	Hospit	al, N	NMC, E	Bethesd	a Md.	22 Ne	wton P	lace				ON A	
	3	NAME OF DECEASED		First	ł		Middle		.ost	4. DATE	1	Manth	Da	y Y	eor
		(Type or print)	Gera			Georg		ICARD		DEATH	Marc	h	2	3	958
	5 :	SEX	6 COLOR O	R RACE	7 MARRII	ED NEVER	MARRIED [DATE OF 811	RTH		9. AGE (In yellost birthdo	ars IF UN	DER I YEAR		
	M	ale	White		WIDOWED		VORCED 🔲	25 Feb	ruary	1918	7.0	yrs Mont	ths Days	Hours	Min
	100	USUAL OCCUPAT	ON (G ve kind a rking life, even i	of work do if retired)	one 10b K	(IND OF BUSIN	NESS OR INDUS	TRY 11 SIRTH	PLACE (State	or foreign co	untry)	12	CITIZEN O	F WHAT	CONP
	T, C	reign Ser	vice Of	fice	r U.S	Gove	rnment	Mass	achuse	tts			U.S.		
	13.	FATHER'S NAME						14. MOTHER	'S MAIDEN N	AME					
		eorge PIC							LAJEN	ESSE					
1	15. Yes	WAS DECEASED EV	ER IN U.S. ARA Iff yes, gave wor or	MED FORCE	ES? 16. 5/	OCIAL SECURI	TY NO 17 IN	FORMANT			1	Address			
	1	fo			unk	mown	(0	fficia]	. Navy	Recor	ds)				
		I 19 CAUSE OF DE													
					se per line	for (a), (b), a	nd (c)]						INTE	RVAL BET	WEE
			ATH WAS CAUS IMMEDIATE C					FIBRILI	BRY.	78r. T-13	CNTAL	10/0	ONS	RVAL BET ET AND YDE TO	DEAT
							nd (c)]	FIBRILL	BRY	Br. F.	PONTAL	10/2	ONS	ET AND	DEATI
		PART I. DE	ATH WAS CAUS IMMEDIATE C Dany, which	SED 8Y: CAUSE (o)_				FIBRILL	BRY,	13° 1-13	CNTA/	10/5	ONS	ET AND	DEATI
		193.	ATH WAS CAUS IMMEDIATE C any, which immediate	SED 8Y: CAUSE (o)_ DUE TO				FIBRILL	BRY,	Rr. F-13	PCNTA!	lop	ONS	ET AND	DEAT
		PART I. DE. 9 9 Canditions, if a gave rise to cause (a), stoling lying cause last.	ATH WAS CAUS IMMEDIATE C any, which immediate the under-	SED 8Y: CAUSE (o)_ DUE TO (b)_ DUE TO	AST.	730CY7	TOMA,						e U	ET AND	DEAT
å	CATION	PART I. DE. 9 9 Canditions, if a gave rise to cause (a), stoling lying cause last.	ATH WAS CAUS IMMEDIATE C any, which immediate the under-	SED 8Y: CAUSE (o)_ DUE TO (b)_ DUE TO	AST.	730CY7							e U	Y De To	UTOP
å	RTIFICATION	PART I. DE. Canditions, if a gave rise to it cause (a), stoling lying cause last. PART II. OT	ATH WAS CAUS IMMEDIATE C any, which immediate the <u>under</u> HER SIGNIFICAL	DUE TO (b) DUE TO (c) NT CONDI	AS 7.	280 CY7	TOMA,	NOT RELATED 1	TO THE TERMII	NAL DISEASE	CONDITION	GIVEN IN	e U	Y De To	UTOP
id		PART I. DE. 9 9 Canditions, if a gave rise to cause (a), stoling lying cause last.	ATH WAS CAUS IMMEDIATE C any, which immediate the <u>under</u> HER SIGNIFICAL	DUE TO (b) DUE TO (c) NT CONDI	AS 7.	280 CY7	TO DEATH BUT	NOT RELATED 1	TO THE TERMII	NAL DISEASE	CONDITION	GIVEN IN	e U	Y De To	UTOP
d		PART I. DE. 1 9 3 Canditions, if a gave rise to it cause (a), stoling lying cause last. PART II. OT 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY 20c, TIME OF INJUI	ATH WAS CAUSE IMMEDIATE COMPANY, which immediate the under- HER SIGNIFICAL AS UNDERLYING OF MEDICAL EXAM	DUE TO (b)_ DUE TO (c)_ NT CONDI	AST.	CHTR-BUTING	TO DEATH BUT I	NOT RELATED TO	of injury in P	NAL DISEASE art I ar Part	CONDITION 11 of item 18.)	GIVEN IN	e U	Y De To	UTOP RMED?
ź	MEDICAL CERTIFICATION	PART I. DE. Canditions, if a gave rise to it cause (a), stoling lying cause last. PART II. OT 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	ATH WAS CAUSE IMMEDIATE COMPANY, which immediate the under- HER SIGNIFICAL AS UNDERLYING OF MEDICAL EXAM	DUE TO (b)_ DUE TO (c)_ NT CONDI	AST. ITIONS CO. 120d. INJ. While	CHTR-BUTING	TO DEATH BUT I	NOT RELATED 1	of injury in P	NAL DISEASE art I ar Part	CONDITION 11 of item 18.)	GIVEN IN	PART I(a) I	Y De To	UTOP:
d		PART I. DE. 1	ATH WAS CAUS IMMEDIATE C Jany, which immediate ithe under HER SIGNIFICAL AS UNDERLYING JO CAUSE OF MEDICAL EXAM RY Manth, D	SED 8Y; CAUSE (0) DUE TO (b) CC (c) NT CONDI GC DEATH MINER) 19	AST. ITIONS CO. 100b DESCR. 20d. INJ. While of work	ONTRIBUTING RIBE HOW INJ JURY OCCURRI	TO DEATH SUT I	NOT RELATED 1	of injury in P Hhome, form, cee bldg., etc.	art I or Port	CONDITION 11 of item 18.) ar town)	GIVEN IN	PART I(a) II	WAS A PERFOR	UTOP RMED? NO
å		PART I. DE. Garditions, if a gave rise to icouse (a), stoling lying couse lost. PART II. OT 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY Hour e, m. p. m.	ATH WAS CAUSE IMMEDIATE COMPANY, which immediate in the under- HER SIGNIFICAL AS UNDERLYING OF CAUSE OF MEDICAL EXAM	SED 8Y; CAUSE (0) DUE TO (b) CC (c) NT CONDI GC DEATH MINER) 19	AST. ITIONS CO. ROB DESCRIPTIONS CO. 20d. INJ. While of work	CHTR-BUTING RIBE HOW INJ JURY OCCURRI On the work of fram, 11	TO DEATH BUT I URY OCCURRED ED 20e. PIA foot December	NOT RELATED TO LEGISLATE TO THE SERVICE OF INJURY ORY, street, affi	of injury in P Home, form, ice bldg. etc.	nat Disease art I ar Part 20f. (City	CONDITION 11 of stem 18.) ar town)	GIVEN IN	PART I(a) I	WAS A PERFOR	UTOP NO (Sice
ž		PART I. DE. 1	ATH WAS CAUSE IMMEDIATE COMPANY, which immediate in the under- HER SIGNIFICAL AS UNDERLYING OF CAUSE OF MEDICAL EXAM	SED 8Y; CAUSE (0) DUE TO (b) CC (c) NT CONDI GC DEATH MINER) 19	AST. ITIONS CO. 100b DESCR. 20d. INJ. While of work	CHTR-BUTING RIBE HOW INJ JURY OCCURRI On the work of fram, 11	TO DEATH SUT I	NOT RELATED TO LEGISLATE TO THE SERVICE OF INJURY ORY, street, affi	of injury in P Home, form, ice bldg, etc.	art I or Port	CONDITION If of item 18.) ar town)	GIVEN IN 58, that	PART I(a) I	WAS A PERFOR	UTOPHO NO (SW
ź		PART I. DE. PART II. DE. PART II. OT Conditions, if a gave rise to couse (a), stoling lying couse lost. PART II. OT P	ATH WAS CAUSE IMMEDIATE COMPANY, which immediate in the under- HER SIGNIFICAL AS UNDERLYING OF CAUSE OF MEDICAL EXAM	SED 8Y; CAUSE (0) DUE TO (b) CC (c) NT CONDI GC DEATH MINER) 19	AST. ITIONS CO. ROB DESCRIPTIONS CO. 20d. INJ. While of work	CHTR-BUTING RIBE HOW INJ JURY OCCURRI On the work of fram, 11	TO DEATH SUT I	CE OF INJURY ory, street, affi	of injury in P Home, farm, ice bldg, etc.	art I or Port 20f. (City March M, from	condition If of item 18.) ar town) 19 the cause eet, city or too	GIVEN IN	PART I(a) Is (County) It I last so n the dat	WAS A PERFOR YES WE the control of t	UTOP NO (SM
ž.		PART I. DE. Garditions, if a gave rise to g	ATH WAS CAUSE IMMEDIATE COMPANY, which immediate in the under- HER SIGNIFICAL AS UNDERLYING OF CAUSE OF MEDICAL EXAM	SED 8Y; CAUSE (0) DUE TO (b) CC (c) NT CONDI GC DEATH MINER) 19	AST. ITIONS CO. ROB DESCRIPTIONS CO. 20d. INJ. While of work	CHTR-BUTING RIBE HOW INJ JURY OCCURRI On the work of fram, 11	TO DEATH SUT I	NOT RELATED TO LEGISLATE TO THE SERVICE OF INJURY ORY, street, affi	of injury in P Home, farm, ice bldg, etc.	art I or Port 20f. (City March M, from	condition If of item 18.) ar town) 19 the cause eet, city or too	GIVEN IN	PART I(a) Is (County) It I last so n the dat	WAS A PERFOR YES WE the control of t	UTOPPOPULATION NO
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<i>'</i> \'\	MEDICAL	PART I. DE. 1	ATH WAS CAUSE IMMEDIATE COMPANY, which immediate is the under the under the under March March	SED 8Y: CAUSE (0) DUE TO (b) DUE TO (c) NT CONDI G CAUSE (A) DEATH MINER) 19 ed the d	PST. ITIONS CC ROB DESCR 20d. INJ While of work deceased 19 58	CHIR BUTING RIBE HOW INJ JURY OCCURRI of work d fram 11 8, and	TO DEATH BUT I URY OCCURRED December that death	NOT RELATED TO LEGISLATED TO L	of injury in P Home, form, ice bldg, etc. to 2 to 6:184 Naval	March Moress (SM Hospi	condition If of item 18.) ar town) The cause eet, city or too tal, Bet	58, that s and are wn, state) the sale	(County) (County) I last so n the dat Md.	WAS A PERFOR YES 1	UTOPPORTED (STOCK OF STOCK OF
ž	MEDICAL	PART I. DE. PART II. DE. PART II. OT Conditions, if can be cause (a), stoling lying cause last. PART II. OT PART II.	ATH WAS CAUSE IMMEDIATE COMPANY, which immediate is the under the under the under March March	SED 8Y: CAUSE (0) DUE TO (b) DUE TO (c) NT CONDI G CAUSE (A) DEATH MINER) 19 ed the d	PST. ITIONS CC ROB DESCR 20d. INJ While of work deceased 19 58	DNTR-BUTING RIBE HOW INJ JURY OCCURRI of work of fram 11 8, and	TO DEATH SUT I	CREMATORY LENIER COTURE LENIER COTURE LENIER COTURE LENIER COTURE LENIER CREMATORY	of injury in P (Home, form, ice bldg, etc.) 1. to 2 1. 6:184 Naval	20f. (City March March Hospi Hospi	condition If of stem (8.) or town) the cause cet, city or too tal, Bet On (City, tow	GIVEN IN 58, that s and a wn, state) Chesias	(County) It I last so n the date a Md.	w the ce state DA	UTOPP (Stored december 1988)
id	MEDICAL MEDICAL	PART I. DE. 1	ATH WAS CAUSE IMMEDIATE COMMEDIATE COMMEDIAT	SED 8Y: CAUSE (o) DUE TO (b) OUE TO (c) NT CONDI DEATH MINER) 19 ed the d ROY THEREOF	PST. ITIONS CC ROB DESCR 20d. INJ While of work deceased 19 58	DNTR-BUTING RIBE HOW INJ JURY OCCURRI Of work of from 11 8, and MCU 22c NAME OF Rivers	TO DEATH SUT I URY OCCURRED December that death	CE OF INJURY OF A 1957 OCCUFFED OCCUFF	of injury in P Home, farm, ice bldg. etc. 1. 6:18A Naval Naval	March March Mospi Hospi Jacks	condition If of stem (8.) or town) the cause cet, city or too tal, Bet on (City, tow onville	GIVEN IN 58, that s and a wn, state) chesds thesa	(County) (County) I last so n the dat Md.	WAS A PERFOR YES 1 3-3-	UTOPPORTED (STOCK OF STOCK OF
id	MEDICAL MEDICAL	PART I. DE. Garditons, if a gave rises of couse (a), stoling lying couse lost. PART II. OT 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUIT Hour e.m. p. m. 21. I certify the control of control of the cont	ATH WAS CAUSE IMMEDIATE COMMEDIATE COMMEDIAT	DEED BY: AUSE (o) DUE TO (b) (c) NT CONDI NT CONDI ON, Year 19 ed the d ROY THEREOF	POST. ITIONS CC 10b DESCR 20d. INJ. While of work decease. 12 58 LCDR	DIVERY OCCURRING DIVERY OCCURRING ON Work of work of from 11 South Control Not while AC U The Control Rivers Address	TO DEATH SUT I	CE OF INJURY ORY, 1957 occurred o	of injury in P Home, farm, ice bldg. etc. 1. 6:18A Naval Naval	March Mospi Hospi Jacks AX REGISTI	condition If of stem (8.) or town) the cause cet, city or too tal, Bet on (City, tow onville	GIVEN IN 58, that s and a wn, state) chesds thesa	PART I(o) I's (County) It I last so n the dat a Md. da Md.	WAS A PERFOR YES 1 3-3-	UTOPP (Stored december 1988)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03571

L	3595	CEKTIFICA	AIE OF DEATE	1	Reg. Dist. No.
1.	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Wh		on: Residence before admission)
	mont gomery	MARYLAND	o. STATE make	w/au & b. COUNTY	Montgomen
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 1b	c CITY OR TOWN (IF o	unide corporate limits, write RI	
	Oney	21mo;	! Takoma	. Park	
Г	d. NAME OF HOSPITAL (If not in hospital, give street	oddress)	. d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	prooke grove tound	ation	Willow	ave.	YES NO []
3.	NAME OF DECEASED (Type or print) male/	Middle F	Jummer	4. DATE Mont	. 0
5.		IED NEVER MARRIED A	B. DATE OF BIRTH	9. AGE (in years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS
L	/- WIDOWE		July 12, 18	74 83 11	Months Doys Hours Min.
10	to. USUAL OCCUPATION (Give kind of work done 10b, during most of working life, even if retired)	1 . 1 / 6	STRY 11 BERTHPLACE (Store of	or foreign country)	12. CITIZEN OF WHAT COUNTR
L	112776	actical Nursing	minne:	sota	usa
13	, FATHER'S NAME		14. MOTHER'S MAIDEN N		
L	George M. Mumm	2+	Jennie	· Crystal	
L!	(MAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. M	NFORMANT	Addin	ess
L		Ho	spital recove	42	
Г	18. CAUSE OF DEATH [Enter only one couse per lin	re for (o), (b), and (c)]	7		INTERVAL SETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	myscarditi	2		ONSES AND DEATH
1	it-of d. i DUE TO		3		
Ł	Conditions, if ony, which) (b) (elmonary (ongestion		
	gove rise to immediate DUE TO	1			
1_	lying couse lost (c) Ut	terioloscle	rosis		
CETIO	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
CEPTIE	20g. ACCIDENT WAS UNDERLYING 20b DESC OR CONTRIBUTING 2 CAUSE OF DEATH	RIBE HOW INJURY OCCURRE	D (Enter nature of injury in P	ort I or Part II of item 18.)	
MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d, In Hour o. m. White	for	ACE OF INJURY (Home, farm, tary, street, affice bldg., etc.	20f. (Cily or lown)	(County) (State)
A PE	Hour o. m. While al warl	Not while			
	21. I certify that I attended the decease	ed from 3 - 6-	1958 to 3	3-7- 1958	that I last saw the decease
	alive on 3-6- 19:	58, and that death			nd on the date stated abov
П	han 10	*		ADDRESS (Street, city or town, s	
П	SIGNATURE /// DUX		M.O. Sant	9 2 fo 17	million
	PHYSICIAN'S			/ / /	
L	NAME (Type)			·	
27	REMOVAL (Specify)	275 NAME OF CEMETERY OF	R CREMATORY	22 DOCATION (City, town, o	r county) (Stole)
	Buren Munch 10, 1730	In rencela	Cenulay	Muce Slonge	- County, Ild
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 112	1 /1 240. REC'E	D BY REGISTRAR 246. PEGIS	TRAR'S SIGNATURE
1	FLUMAN Walles, 254	Carrall /4 MC	DATE	MAR 1 0 '58 ()	2 / 22.

VS A15 (4) 15M II/55



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3596

CERTIFICATE OF DEATH

Rea. Dist. No.

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_1	F	r)	5	4	K

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	1. [Mont rome	T		MARYL	AND	2 USUAL RESIDENCE (a. STATE District		h col		Residence	before	odmissio	n)
	t		outside corparate limit	ls, write	c. LENGTH OF STAY I	N 1b	c CITY OR TOWN			rite RURA	At and give	neare	st town)	
		Bethesda	·		23 days		Washingto	on.		_4"	1 1 3			ip.
		d. NAME OF HOSPITA	AL (If not in hospital, g	ive street	address)		d STREET ADDRESS				e. IS RESIDENCE ON A FARM?		ENCE ARM?	
	_	The Clini	cal Center	Re	thesda, Md.		505 U St	reet.	N.W.			,	YES 🔲	
		NAME OF DECEASED	Fire	it	Middle		Lost	4. DAT		Month		Day	Ye	10
		(Type ar print)	James	1	(none)		Pooler	DEA	Н	Mar	ch :	20.	19	58
	5 5	SEX	6 COLOR OR RACE	7 MARK	RIED TO NEVER MARRIE	D [B DATE OF BIRTH		9 AGE (In y		UNDERIY		UNDER	24 HPS.
		Male	Negro	WIDOWI	ED DIVORCED		May 15, 190	9	48	yrs N	ienths Do	bys 1	Hours	Man
	t Oa	USUAL OCCUPATIO	N (Give kind of work on his life, even if retired)	lone 10b.	KIND OF BUSINESS OF	INDUS	TRY 11 BIRTHPLACE (St	ole or foreigi	country)		12. CITIZE	N OF	WHAT C	OUNTRY
	I	nterior De			nterior Dec	ora	ting S	South	Carolina	1	U	S.	Α.	
	13.	FATHER'S NAME					14. MOTHER'S MAIDE	N NAME						
	I	ee Pooler					Frances	Mart:	in					
	15 (Yes		IN U.S. ARMED FOR		SOCIAL SECURITY NO	17 II	FORMANT The Me	edical	Record	Address				
		Yes	WW II	U	nascertains	ble	The Clinic	cal Ce	ntor, Be	the	sda 1	4, 1	Mary.	land
			H WAS CAUSED BY:	17292	ne for (p), (b), and (c) }	ane	Sychological Control	Marce	elar a	cai			AND D	
		Canditions, if on	DUE TO				_							_
		gave rise to in couse (o), stating t	mediate (-		
		lying couse lost	(c)	Hy	perteusu	بو	artenosa					2	17	40
7)	ATION		ER SIGNIFICANT CON	OITIONS T	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TE	RMINAL DISE	ASE CONDITION	4 GIVEN	IN PART 1		WAS ALPERFORM	MED?
-	CERTIFICATION	200. ACCIDENT WAS	UNDERLYING	206 DES	CRIBE HOW INJURY OF	CURRE), (Enter noture of injury	in Part I or I	ort II of item 18)	-		DIS	о <u>г</u>
		(IF EITHER, NOTIFY)	i											
	MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Month, Day, Yea	While at worl	Not while	ZOe. PLA Foc	CE OF INJURY (Home, for tory, street, affice bldg.	orm, 20f (C etc.)	ity or town)		(Cou	nty)		(State)
				deceas	ed from Febru	ary	وه ر 58 و و 25	March	20, 19	58	hat I las	t saw	the d	eceased
		olive on Mar	ch 20,	12_	58 and that	death	occurred of 5:35					dote	stated	l above
	Н	ACTUAL	10	()	(h)0		m). ((Street, city or t		le]		DAT	E SIGNED
		SIGNATURE	fleme	1.	Wille	/			al Cente				3/21	/50
		PHYSICIAN S	1 C . A	77	W D				nstitute		Hea]	Lth		
		NAME (Type)	James C. A						Mary)					
	220	BURIAL, CREMATION REMOVAL (Specify)	3 一文G	-58	27c. NAME OF CEME	TERY OF	GREMATORY	22d. LOC	ATION (City, to	Wh. of C	ounty)	_	(Stote)	'4
	23	FUNERAL DIRECTOR'S	SIGNATURE	4	ADDRESS 7	, ,	240. RI	EC'D BY REG	158 24b	REGISTR/	s sign	ATURE		
	/	1 1111	C		1 = 7	n .	1 /1- EI DAIE	W. W.		- V				

La CELVELO V. S.

VS A1S (4) 1SM 10/S7 M

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
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3597 CERTIFICATE OF DEATH

Reg. Dist. No. 03573

1. PLACE OF DEATH 0. COUNTY MOT	ntgomery		MARYL	AND	2. USUAL RESIDENCE (Who a. STATE New Yor	ere deceose rk	d lived If institution b. COUNTY	n. Residence	before o	admissio	on)
RURAL and give ne	autside carporate limit orest town)	s, write	c. LENGTH OF STAY I	и јр	c. CITY OR TOWN (If or		orate limits, write RU	RAL and go	ve negres	t tawn)	
Bethesda			19 days		New Yo	rk 4	1	* .			
OR INSTITUTION	AL (If not in hospital, g		oddress) hesda 14, M	ld.	d. STREET ADDRESS 25 Sou	th St	reet, Box	2334		IS RESTI ON A I	
3. NAME OF DECEASED (Type or print)	Fin Raym		Middle Clayto	n	Less Powers	4. DATE OF DEATH	March	h	Day		958
S SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIE	0 24	B DATE OF BIRTH			IF UNDER 1		-	R 24 HRS
Male	White	WIDOWI	ED DIVORCED		May 27, 19	05	lost birthday) 52 yrs.	Months [Days H	lours	Min
10a USUAL OCCUPATIO	N (Give kind of work o	lane 10b.	KIND OF BUSINESS OF	INDUS	TRY 11. BIRTHPLACE (Stole	or foreign c	country)	12 CITI2	ZEN OF	WHAT	COUNTRY
Seaman	ing ins, even it terrisof	M	erchant Mar	ine	North Car	olina		U.	S.A.		
13. FATHER'S NAME					14 MOTHER'S MAIDEN N	AME					
Purvis Pov	vers				Lelia Powe	rs					
IS WAS DECEASED EVER	IN U. S ARMED FOR	CE S? 16	SOCIAL SECURITY NO.	17 18	FORMANT The Med	ical	Record Addre	rss			
no	, or, green or or or or or		86-14-6052	Th	e Clinical Ce	nter,	Bethesda	14,	Mary.	land	d
	TH [Enter only one course the WAS CAUSED BY: IMMEDIATE CAUSE (c)	A no	rtic Stenos	is,	Post Operati	ve Va	lvulotomy		INTERV		
Canditians, if on		Car	rdiac Arres	t. !	Post Operative	e			3	day	7S
gave rise to in cause (a), stating t	nmediate (Dus TO				Dilatation of		t.			- 0	
lying cause last.	(c)		gestion. Lu			***************************************					
PART II OTH	ER SIGNIFICANT CON				NOT RELATED TO THE TERMIN	VAL DISEAS	E CONDITION GIVE	N IN PART		PERFOR	RMED?
PART II OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING CAUSE OF DEATH	206 DESC	CRIBE HOW INJURY OC	CURRED). (Enter nature of injury in P	art 1 or Par	t II of item 18.)			:> []	но 🗍
20c. TIME OF INJURY Hour s. m. p. m	Month, Day, Yea	While at warl	k at while	fac	CE OF INJURY (Home, farm, lary, street, affice bldg., etc.)				ounty)		(State)
21. I certify the	at I attended the	decease	ed from Februa	ry	16, 1958 to Ma	rch 7	1958	that I la	ost saw	the c	deceased
alive an Marc		<u>_, 125</u>	and that	death	occurred at 8:58A	_M, fran	n the causes ar	id an the	e date	state	d abave
(0	1R P	1	/ /	/			treel, city or town, st				TE SIGNED
ACTUAL SIGNATURE	1021	- 4	audud	9	The Clin	ical	Center		3	[7]	58
PHYSICIAN'S NAME (Type) CA	RIOS R. IO	MBARI	DO, M.D.		National Bethesda		itutes of Maryland	Heal	th		
BURIAL CREMATION BREMOVAL (Specify)	3-10-	58	Meador	UL-			TION (City, town or	county))(Spate)	C,
23 PUNERAL DIRECTOR'S	Juneal/	Hom	* Falls	a,	with DATEMAN		RAR PREGIS	RAR'S SIGN			

2 .V UAERI

DECENAL!

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3598 CERTIFICATE OF DEATH

03574

Art .											101	
e)	1.	PLACE OF DEATH a. COUNTY			MARYE	- 1	2 USUAL RESIDENCE (WI			Residence be	efore admission)	
d l			ontgomery					Lct of Co				
handle		b CITY OR TOWN (If RURAL and give nee	outside corporate limit	s, write c.	LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If a	outside corparote l	mils, write RUR/	L and give	neatest town)	
		Bethesda (1	Rural)		9 days		Washi	ngton		47%.	2	4
۵,_		d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, g	ve street odd	lress)		d. STREET ADDRESS				e IS RESIDENCE	
- 27	/	U.S Naval	Hospital,	Bethe	sda, Md.		1916	17th Str	et, N.W	7.	ON A FARM? YES NO I	
Q)		NAME OF DECEASED	Fire	ı	Middle		lost	4. DATE	Month		Day Year	
H		(Type or print)	Char	les	Washingto	n	Price, Jr.	DEATH	March		26 19 58	
Hospital authorized	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	B 🗍 B	DATE OF BIRTH	9. A			AR IF UNDER 24 HRS.	_
甘		Male	White	WIDOWED	DIVORCED		6 October 1	.889 "	birthday) M	onths Day	s Hours Min	
鱼	10c	USUAL OCCUPATIO	N (Give kind of work o	one 10b KIN	ID OF BUSINESS OF	INDUST	Y 11 BIRTHPLACE (State	or foreign country)	12 CITIZEN	OF WHAT COUNTR	¥?
of the		etective	ng me, even it remed,	Pink	certon's Ag	gency	New Jerse	у		U.S	3.	
45	13.	FATHER'S NAME					14 MOTHER'S MAIDEN I	NAME				_
id.	CI	narles W. I	Price, Sr.				Lora Mount					
ğ	15.	WAS DECEASED EVER	IN U. S. ARMED FOR	ES? 16. SO	CIAL SECURITY NO	17 INF	ORMANT		Address			_
TTI	Ye		WW-I		nown	Off	icial Navy F	Records				
			H [Enter only one co					1		Tu-	NTERVAL BETWEEN	=-
D ₀			H WAS CAUSED BY IMMEDIATE CAUSE (6)			FI	01 1- 1	` (/	, Ö	NSET AND DEATH	
ਜ਼ੋ		'wix				Alin	Me La Cou	my de	my ye			-
귀				Alde	TE	nt.	A oum of	- f	111			
Notifie		Conditions, if an gove rise to im					· /					
		couse (a), stating th		Antes	1 col. To	10	ANVIOVASC	r d.				
ě	,	lying cause lost,) [c]									=
\mathbf{z}_{j}	CATION	PART II OTHI	R SIGNIFICANT CON	OHTIONS CON	TRIBUTING TO DEA	IH BUT N	OT RELATED TO THE TERM	INAL DISEASE COI	ADITION GIVEN	IN PART 1(a)	19 WAS ALTOPSY PERFORMED?	
£ (CF	- 5	<u> </u>									YES NO	
Broschart	ERTIF	200 ACCIDENT WAS	UNDERLYING I	20b. DESCRIB	BE HOW INJURY OC	CURRED	(Enter nature of injury in	Part I or Part II of	item 18 j			
C C	100	(IF EITHER, NOTIFY A		-								
SO	Š	20c. TIME OF INJURY Hour a.m.	Month, Day, Yea	r 20d. INJU While	RY OCCURRED 1	20e. PLAC facto	E OF INJURY (Home, form ry, street, office bldg., etc.	i. 20f. (City or to	wn]	(Count	ly) (State)	
H	MEDI	p. m.	19	al work	at work							
	0	21. I certify the	it I attended the	deceased	from 17 Ma	arch	, 19 58, to 26	March	1958	hat I last	saw the decease	
ank J.	j	alive an 26 1	March	. 19 58	B and that	death a	ccurred at 8:121	M from the	course and	on the	date stated above	
설		3		/ //	2'0			ADDRESS (Street,			DATE SIGNI	ED.
Frank	3	ACTUAL	color 7 41	. (0	. //.		U.S. Naval	Hospita	1. Beth	esda.	Md. 3-28-	5
H	4	9/-	1		alet de	M	v					
. 5		PHYSICIAN'S NAME (Type) ROD	ert J. Cal	es, LT	MC USN		U.S. Naval	L Hospita	1. Beth	esda.	Md. 3-27-	5
A		BURIAL, CREMATION			2c NAME OF CEMET	ERY OR		22d LOCATION			(Stole)	-
		REMOVAL (Specify)	3-31-58					Arling			famel	
		FUNERAL DIRECTOR'S		- 1-8	ADDRESS	21-0		D BY REGISTRAR			TURE	_
	6	THE HINES	2001 1/4th	id+ M	Li Linchine	rton		(AR 3.1 '59				

TO BELLIE OR ETTENDING ENYSICIAN: The low equires that the death perificate be executed within 24 hours after death. Page 4 funeral director, FIOR: After this certificate has been signed by the attending physician and campletely filled in letached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and to burial, cremation, ar remaval, and in any event within 72 hours after death. letached for use as the burial-transit permit. To burial, cremation, ar remaval, and in any TO FUNERAL DIRACTOR PORT SHOULD THE REGISTROF PRIOR THE REGISTROF PRIOR TO THE PERIOR PRIOR TO THE PERIOR PRIOR THE PERIOR PRIOR THE PERIOR PRIOR THE PERIOR THE PERI VS A15 (4) 15M 10/57

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BUREAU V. E.

FOR STATE HEALTH DEPT.

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a	P.X.E	-	14.	h
0	9	-	0	ar its designated agent, prior to barial, cremation, ar removal, and in afficered within 72 hours ofter d
w & TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony de	A	15	ME	
5.	M :	2/2	17	

		NT OF HEALTH-		
34 MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	Þ

03575 Reg. Dist. No.

- Tall right shall be a second as a second	The state of the s					
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)					
G. COUNTY MARYLAND	· STATE Maryler 6. COUNTY Moreita					
5 CITY OR TOWN If outside corporate limits, with RUAL C. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside corporate limits, write FURAL and give morest fown)					
and give properties town)	18 ~ L 0 P.					
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS 6 15 RE DEN'					
1506 Grandin arts	1506 hander ave YES NO 1					
3. NAME OF First Middle	Last 4. DATE Month Doy Year					
OFCEASED (Type or print)	Price DEATH Mar 29 1958					
3. SEX 6. COLOR OR PACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH P. AGE PRIVED IF UNDER 14 EAR IF UNDER 24 HES					
MARIA WIDOWED DIVORCED DI	2-26-11 lest birthdoy] Months Doys Hours Min					
10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTI						
during most of working life, even if relired)						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Charles Price	Unknown					
	THE RESERVE AS A SECOND PARTY OF THE PARTY O					
[Yes, no, or unknown) [If yes, give war or dates of service)	IFORMANT Address					
W. W. II 547-03-3266 (CE	WE Truce (wife) Thin 2					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEA II					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	refusion 1/2 for-					
4.30.1 DUE TO						
Canditions, if any, which) (b)						
gave rise ta immediate couse						
(a), stating the underlying (c) (c)						
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY					
	PERFORMED?					
200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED (EL	nter nature of injury in Port Ler Fart II of item 18)					
PRIMARY CONTRIBUTING CAUSE OF DEATH.						
3 20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURPED 20e PLAC	E OF INJURY (Home, form, 20f. (City or town) (County) (State) rry, street, office bidg., etc.)					
Haur e, m. White Net white foctor by m. 19 st wark at wark	ry, man, conce once, and, j					
21. I certify that I took charge of the remains described above	ve, held an Autopsy 🔲, Inspection 🙀, Inquiry 🙀 and in my					
opinian death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner						
ACTUAL 2 10 R 11	DATE SIGNED					
SIGNATURE JOLIA J. J. JAMASTACIT M.D. CHIEF MEDICAL EXAMINER						
EXAMINER'S ASSISTANT MEDICAL EXAMINER						
NAME (Type) F-ANK J. Broschzht DEPUTY MEDICAL EXAMINER 1 Mar 29-1958						
22d. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d LOCATION (City, lawn, or county) (Stote)					
Burial 4/1/1958 Arlington Na	itional Arlington Virginia					
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 245. REGISTRAR S SIGNATURE					
Robert A. Pumphrey-7557Wis. Ave. Bethesda, Mg. Mana 1 750						
MAN J. St. With Auch						



BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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8261 6 A9A

BUREAU K. L.

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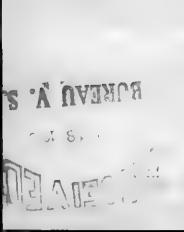
Z .Y UABRUE

MAKTLAN	D STATE DEPARTM	TENT OF HEALTH	-BALHW	ORE, 18	03577		
3671	CERTIFIC	CERTIFICATE OF DEATH			₩₩₩##################################		
1. PLACE OF DEATH o. COUNTY b. CITY OR TOWN IF outside corporate limits, write	MARYLAND c. LENGTH OF STAY IN 15	2 USUAL RESIDENCE (WHO STATE	· · ·	If institution: Resident	ce before admission)		
RURAL and give nearest fown) Hural — (rermantown d. NAME OF HOSPITAL (if not in hospital, give stree or institution) Marylander Rest Hom	· ·	X Betheso d. STREET ADDRESS 7702 Ho	da liday To	errace	e IS RESIDENCE ON A FARM? YES NO [2]		
3. NAME OF First DECEASED (Type or print) TALCY	Middle T	lest Reed	4. DATE OF DEATH	Month	Day Year 16 1958		
	ARRIED NEVER MARRIED WED	NOV. 26, 1	870 8	birthdoy) Mooths	PYEAR IF UNDER 24 HRS. Down Hours Min. IZEN OF WHAT COUNTRY		
Housewife 13. FATHER'S NAME	Own home	Pennsy 14. MOTHER'S MAIDEN'N	AME		IS .		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 [Yes, agive was or dotes of service) NO		Anna INFORMANT eorge N. Rec	_	Address			
18. CAUSE OF DEATH [Enter only one cause per PART 1. DEATH WAS CAUSED BY: Was 12	misselenti	continuous	las de	e de la	ONSET AND DEATH 7 days.		
PART II. OTHER SIGNIFICANT CONDITION 200., ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH URLE EITHER, NOTIFY MEDICAL EXAMINER	S CONTRIBUTING TO DEATH BU ESCRIBE HOW INJURY OCCURRI				19. WAS AUTOPSY PERFORMED? YES NO		
20c. TIME OF INJURY Month, Day, Year 20d Hour a. jr. Whi		ACE OF INJURY (Home, farm, cotory, street, office bldg., etc.)	20f. (City or tow	n) {C	County] (Stole)		
21. I certify that attended the deceralive and 10 12 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) James Pix Ke	Cr.	n occurred at	_M, from the ADDRESS (Street,);	causes and an th	ast saw the deceased the date stated above part signer 3/16/58		
220. BURIAL CREMITION 226. DATE THEREOF REMOVAL (Specify) Bur-Trans. 3/19/58	22c NAME OF CEMETERY C			Lity, town, or county)	(Stote)		
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Rothorda No		sk seeders	AN ERESTERANDED	NATURE		

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld, letached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 3 filled with the registrar prior to burial, crematian, or removal, and in any event within 72 having after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death mertificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M II/55

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within 24 hours after death?

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

BÉST IE WV..

DECENSED.

VS A15 (4) 15M 10/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DATE

e IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED?

YES 🔲 NO 🧷

(Stote)

DATE SIGNED

(State)

(County)

ON A FARM?

YES NO

Year

19 (



8561 I ad

MEGENAED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3694 **CERTIFICATE OF DEATH** Ren. Dist. No. death. Page PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY p. STATE be filled b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Yrs. d. NAME OF HOSP TAL (If not in hospital, give street address) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? OR INSTITUTION 24 vedere YES NO K puc ≘. NAME OF Middle DATE Lost Month DECEASED OF Wesley Pages (Type or print) obh DEATH 1958 Jaken IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED B DATE OF BIRTH AGE (In years lost birthday) campletely Months 64 yrs. WIDOWED [DIVORCED [T papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Automobile Salesman Automobile Creed. Colorado U.S.A. ond 13. FATHER'S NAME 14, MOTHER'S MAIDEN NAME James Wesley Robb, Sr. Matilda Thompson IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Mrs. Clotilde D. Robb. 720 Belvedere Blvd. Yes SPICE LINE WAS BETWEEN 18. CAUSE OF DEATH [Enter only one couse par line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 30 minutes Coronary hrom bosis IMMEDIATE CAUSE (o) 420.1 DUE TO Conditions, if ony, which any gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO TO 206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Day. Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg, etc.) o. m. While Not while of work of work p. m. March 30, 1958, that I last saw the deceased 21. I certify that I attended the deceased from AM, from the causes and an the date stated above and that death accurred at 6 ADDRESS (Street, city or town, slote) DATE SIGNED ACTUAL SIGNATURE RAL DIRE the registrar PHYSICIAN'S A. PORTER. JR. FUNERAL NAME (Type) 220 BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (State) page ARLINGTON NATIONAL CEMET ARLINGTON. 0 24a, REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE SILVER SPRING, MD. VS A15 (4) 15M 10/57



8261 18 AAM

DECENE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATI Rea. Dist. No. EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) e. COUNTY Page files. Health, 5 COUNTY Montgomery MARYLAND Maryland Montgomery b. CITY OR TOWN III outside corporate limits, write RURAL C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) your d Kensington Kensington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARMS 3820 Washington Street 3820 Washington Street YES NO NO 3, NAME OF Middle 4. DATE DECEASED (Type or print) John Leonard ROBERTS DEATH March 58 19 6 COLOR OR RACE 7. MARRIED X NEVER MARRIED 1 8 DATE OF BIRTH AGE In years IF UNDER TYPAR IF UNDER 24 HRS lent brilheley) Hours Male White WIDOWED 17 DIVORCED | Aug. 22, 1895 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Attorney-retired Columbia, Tennessee Legal USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Addison P. Roberts Lemyra Stanfeld 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address dus W. W. 1 Minnie L. Roberts-Same Item #2 18. CAUSE OF DEATH [Enter only one couse per I ne for (o), (b), and (c).] INTERVAL BETWICE'S oud PART I. DEATH WAS CAUSED BY: Coronary Occlusion 10 hours IMMEDIATE CAUSE (O) 420. **DUE TO** Conditions, if ony, which) gove rise to immediate couse **DUE TO** (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)[39. WAS AUTOPSY PERFORMED? History of previous heart attacks 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Fort I or Part II of item 18) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or lown) (County) (Stote) factory, street, office bldg , etc.) While Not while of work at work 21. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X, Inquiry X, and in my apinion death resulted fram: Natural causes 7, Accident 7, Suicide . Homicide . Undetermined manner orde **ACTUAL** DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER FUNERA r its des Frank J. Broschart, M. D. NAME (Type) DEPUTY MEDICAL EXAMINER DE March 12, 1958 220. BURIAL CREMATION, 276 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Arlington National Arlington Burial Virginia 0 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Robert A. Pumphrey-7557Wis. Ave. Bethesda, Md

VS. A15ME SM 2/57

BUREAU V. S.

DECEIVED

Dak Lawn Cemetery

E. Balt Thore St.

Baltimore. Maryland

24b_REGISTRAR'S SIGNATURE

24g, REC'D BY REGISTRAR

DATE MAR 3 1 '58

be filed death. PIG puo геточе guipa 급 det o RAL Di FUNER 0

NAME OF

No

CERTIFICATION

MEDICAL

John A. Moran 3000

5. SEX

DECEASED

BUREAU Y. &

MAS ST. TO SAM

FOR STATE HEALTH DEPT.

cessory, please lirector. Page 7, your files. 5 of Health.

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B.	2	Ö	폭	6/5	
ā	W	15	H	or its designated agent, prior to buriot, cremation, ar removal, and in any event within 72 hours ofter death.	
0	40	-09	0	O	
o. S. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is nec	execute the certificate, writing the word "pending" in pendil in flem, 13. Give Pages 1, 2, and 3 to the funeral dir		-		
VS	. A	15/	ME		
5	M Z	275	/		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03583

	36		E EXPENSION OF	CERTIFIC	AIL OI	PERM	Reg. Dist	. No.
1. PLACE OF DEATH o. COUNTY	Montgomery		MARYLAND	o STATE _	CE (Where decear	b COUNTY		te before admission)
b. CITY OR TOWN	1 culside carporate limits, wei	le HJRAL	c LENGTH OF STAY IN 16	13		porote limits, write	RURAL and p	've neorest town)
ond give rearest low	wood				ington		11 Y	
		(If not in hosp	ital, give street address)	d STREET ADDRE			and the	e. IS RESOLL E
Mt. Zio	n_Nursing_	lome		229 Br	yant St.	N.E.		YES NO
3. NAME OF DECEASED	Fi	rst	Middle	Cost	4. DATE	Month		Doy Year
(Type or print)	Linwood	Guy F	Rolins		DEATH	Mar. 4.	1958	19
5. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED []	DATE OF BIRTH		9 AGE (In years lost birthday)	IF UNDER 14	FEAR IF UNDER 24 HES
male	col.	WIDOWED	DIVORCED			76 yrs.	Months Do	oys Hours Min.
100. USUAL OCCUPAT	ON (Give kind of work	done 10b K	NO OF BUSINESS OR INDUS	RY 11. BIRTHPLACE (State or foreign c		12. CITIZE	N OF WHAT COUNTR
Preacher	ng life, even if retired)			Marv	land		775	SA
13. FATHER'S NAME				14. MOTHER'S MAID			1 01	With the same of t
Tassic	Rolins			Melia	sa Grav			
	VER IN U. S. ARMED FO	RCES? 16 S	OCIAL SECURITY NO. 117. I	NFORMANT	on uray	Address		
[Yes, na. er unknawn]	(if yes, give war or dates of	service)				A401411		
Tre south of or	ren fe			ursing Hom	e Record			
	ATH [Enter only one co ATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (0	Aout	e cardiac fai	Lure				3 hrs
143X	DUÉ TO							
Conditions, if		Car	cinoma of lun	g				6 mo.
gove rise to imme								
couse lost) (0)						
PART II. OT	HER SIGNIFICANT CON	IDITIONS CO	NTRIBUTING TO DEATH BUT I	NOT RELATED TO THE I	FERMINAL DISEAS	E CONDITION GIVE	EN IN PART I	(o) 19. WAS AUTOPSY PERFORMED? YES NO DO
	NTRIBUTING []	Ob DESCRIBE	HOW INJURY OCCURRED (inter nature of injury in	n Port I or Port II	of item 18.)		
20c. TIME OF INJU	JRY Month, Doy, Ye	White	- (40) MINA -	CE OF INJURY (Home, ory, street, office bldg	form, 20f. (City , etc.)	or lown)	(Count	(State)
21 1 certify !	hat I took charge	e of the r	emoins described obc	ve, held on Aut	opsy , l	nspection 3	Inquiry	K, ond in my
opinion death	resulted from:	Notural c	ouses 🔀, Accident	, Suicide [, Undeter		
ACTUAL SIGNATURE	Frank J	Bra	nhat	_ M D.	AL EXAM NER			DATE SIGNED
EXAMINER'S NAME (Type)	Frank J. Br	oschar	·t		EDICAL EXAMINE		5/4/58	
tayure (type)								
270. BURIAL CREMATE	ON 226 DATE THERE	OF	22c NAME OF CEMETERY OR	CREMATORY	224 LOCA	TION (City, town, o	r county)	(Stote)
		OF	22c NAME OF CEMETERY OR Bells Chape			TION (City, town, o	r county)	(Stote)

A .V UABRUS

DEVIEW SE SEE

hours after death?

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

VS A15 (4) 15M 9/55

ARYLAND	STATE DEP	ARTMENT	OF HEALTH-	-BALTIMORE, 1	8

8609	CERTIFICATE O	F DEATH
10 4		

Reg. Dist. No. 03586

F	1, 1	PLACE OF DEATH o. COUNTY 2	USUAL RESIDENCE (Where deceased lived If institution, Residence before admission)	
		MARYLAND MARYLAND	· STATE MAY 4/812 No. COUNTY Anne Arun	9/6
}	1	b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b BURAL and give pagest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	/٧
· A		d. NAME OF HOSPITAL (ILlifot in hospital, give street oddress)	SOO Fairfax Aug. " 1. 15 RESIDEN ON A FAR YES NO	SW5
	3	S. NAME OF J. A. FIRST J. Middle		J LEF
		DECEASED (Type or print) Anns Morie Rosin	of of	58
	5. 5	6. COLOR OF RACE 7 MARRIED NEVER MARRIED B. D. WIDOWED DIVORCED .	ATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 19 29 1875 82 yrs Manths Days Hours A	Min,
	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, every firetired)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. STORY OF WHAT COUNTRY 14. STORY OF WHAT COUNTRY 15. CITIZEN OF WHAT COUNTRY 16. STORY OF WHAT COUNTRY 17. CITIZEN OF WHAT COUNTRY 18. CITI	UNTRY?
I	13.		Wilhelmina?	
d	15. (Ye	5. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFOI	RMANT Raid 890 7 Montagemeny Co	ive
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	inforction Interval Betwee	
		UE TO	104	,
		Canditions, if ony, which gove rise to immediate couse (a), stating the under-	0001081000 1010	cos
	7	lying course lost (c) ATTONIOSC / DOC	TIC 11 60x1 (1.26020 12 96	1275
	CERTIFICATION	Dispers Mallets	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORME YES NO	D7
			inter nature of injury in Part I or Part II of item 18)	
	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o. m. None white of work of work	OF INJURY (Home, form, 20f. (City or town) (County) (1	State)
		21. I certify that attended the deceased fram. 11. 20. 7	. 195 5 to Mor 5 , 195 5 that I last saw the dec	eased
			curred at 1324M, from the causes and on the date stated of	
,		SIGNATURE ALL SIGNATURE M.D.	8805 CONN AUE. 3/8,	125
1		PHYSICIAN'S JOHN B. UMHAU	Chang Chase 15 Md	
	220	220. BURIAL, CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY OR CR. REMOVAL (Specify) 3/11/58 & & Marie	12 DE LOCATION (City, town, or county) (Stote)	- 1
	23.	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	
		Trank Sever Sons Co 3605-14x	AN WIDATE MAR 1 0 '58 Cll teduch	
		wasi	200	

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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03587

		; 3610	CERTIFIC	ATE OF DEATH	1	Reg. Dist, No.	09903
		COUNTY HIStoriers	MARYLAND	O STATE	ere deceased lived. If institut		e odmission) HOLL SKY
		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest jown)	c. LENGTH OF STAY IN 16		utside corporate limits, write	RURAL and give near	rest town)
		3 NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address) U	d. STREET ADDRESS	***************************************		ON A FARM?
		NAME OF DECEASED Type or print) Type or print)	William	Butter	OF Chi	onth Doy	
	5. 9	18 COLOR OR RACE 7 MARI	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Sept-4-1	877 9. AGE (In years lost birthday)	Months Days.	Hours Min
		USUAL OCCUPATION (Give kind of work done during prost of working life, even if retired)	farm	JOSTAY 11. BIRTHPLACE (Store	or toleign-country) Lax	12. CITIZEN OF	F WHAT COUNTRY?
)	13.	Henry Whitney !	alter	14 MOTHER'S MAIDEN N	Jantian	2-	
		WAS DECEASED EVER IN U. S. ARMED PORCES? 16.	SOCIAL SECURITY NO. 17.	informant Extracte 4:1	Gutter Ported	entle , L	ng
		1B. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	7 /	ruminia			RVAL BETWEEN ET AND DEATH
V		Conditions, if ony, which }	Bothings			4	days
		gove rise to immediate case (a), stating the under- lying couse last.					
٠,	CATION	generalized and	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 1(0) 19	PERFORMED? YES NO NO
	CERTIF	200 ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED (Enter noture of injury in f	art I or Part II of item 18.)		
	MEDICAL	Hour a.m. While	NJURY OCCURRED 20e. P. Not while t ot work	LACE OF INJURY (Home, form, scrory, street, office bldg., etc.	20f. (City or town)	(County)	(Stote)
		21. I certify that I attended the decease alive on 1920 - 27 - 193	L Trans.	23-, 1958, to 1916 h accurred at 9:10 F			
		ACTUAL SIGNATURE HELLENIN & MILES	The		ADDRESS (Street, city or lown	, state)	DATE SIGNED
1	L	PHYSICIAN'S WILLY IAM C. M	144ER	Jain	thersburg	Md.	
	1	BURIAL CREMATION, 226. DATE THEREOF -REMOVAL (Specify)	PICTURE ME		22d. LOCATION (City, town,	or county)	(Stote)
	23. L	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS BERNENI'Z	(18/2) DAV	BY REGISTRAR 245-REG	HSTRAR'S SIGNATURE	E

EUREAU V. S.

DE A MEDERO

VS A15 (4) 15M 10/57

TEMPITAL OR MITEMBING MIYINGIAN: The low requires that the duath certificate be exacuted within 24 hours after death. Page I

CEDTICICATE OF DEATH

03588

	3011	CERTIFICA	AIE OF DEATH	Reg. Dis	I, No.
	PLACE OF DEATH O. COUNTY MONTGOMERLY	MARYLAND	2. USUAL RESIDENCE (Where of the state of th	leceased lived If institution Residence of COUNTY IND	nt sumer
	b. CITY OR TOWN (If outside carborate limits, write RURAL and give neotes) town)	3 4 day	CITY OR TOWN (If our find	arrive RURAL and g	(ACC)
	or Institution Subject by Washington		1 STREET ADDRESS.	ston and	o IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Nellie	Middle	C 1 . 1 . 2	PATE Month OFATH March	Day Yeor 30 19 58
5.	6. COLOR OR RACE 7 MARRIED WIDOWED	NEVER MARRIED [F]	B DATE OF BIRTH	C L L L L L L L L L L L L L L L L L L L	YEAR IF UNDER 24 HRS Days Hours Min
100	USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired)	OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or for Ohio	reign country) 12. CITI	LIS A
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Joseph W. Shafor		Lizzie Ar	derson	
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL	SECURITY NO. 17 II	NFORMANT	Address	
	t, no. or unknown) (If yez, give war or dates of service)	ne M	iss Lucille S	hafor- as abov	A
F	18. CAUSE OF DEATH [Enter only one cause per line for (INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY	A	Koul Feilur		ONSET AND DEATH
	IMMEDIATE CAUSE (o) CON	pesiere B	KOZKI TOLLEUN	<u> </u>	1 pur
	420.1 DUE TO 1	4.0	1 1		h /
	Conditions, if ony, which (b)	conclude	Morelion		Lacryo
	couse (o), stating the under-		/		0
	lying couse last (c)				
CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRI	y embels	with pulse	conary Interction	I(a) 19 WAS AUTOPSY PERFORMED? YES X NO
L CERTIF	20d. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE H OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ÖM INJURY OCCURRE	D. (Enter noture of injury in Part !	ar Part II of flem yo	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d, INJURY of Hour o. m. 19 While at work at work at a	at while fac	ACE OF INJURY (Home, form, 20 ctary, street, office bldg, etc.)	Of (City or town) (Co	ounty) (Slote)
	21. I certify that hattended the deceased fro	m Vanue 1	55410 to 3/1	0 5 8 19 that I le	ast saw the deceased
	alive on 3/1958 19		accurred at la NSA	, from the causes and on th	
	aure our first the state of the	_, anovinar deam		, from the causes and on th RESS (Street, city or town, state)	e date stated above \ DAJE SIGNED
	ACTUAL SIGNATURE	n	Mo larsing o	A Committee of the contraction o	3 30 58
	PHYSICIAN'S SAM ANCA	(1/1)) '		
220	BURIAL, CREMATION, 22b. DATE THEREOF 22c I	NAME OF CEMETERY OF	R CREMATORY 22d	LOCATION (City, town, or county)	(Slate)
الإ		odside Ce	emetery M	iddletown, Ohi	0
23.	FUNERAL DIRECTOR'S SIGNATURE	DDRESS	24a REC'D BY		NATURE
Ro	obert A. Pumphrey, Beth	nesda, man	ryland DATE APR	3 '53 Clurces	uch

BUREAU Y. S.

SULT & ARA

DECENACION

03589

L		<u> </u>	12	CERTI	FICA	ATE OF L	ZEATE	1		Reg. Dist.	No.	
1.	PLACE OF DEATH	omery		MAR	CLAND	o. STATE	DENCE (Wh	_	ived. If institute b. COUNTY	on: Residence		
	b. CITY OR TOWN (IF RURAL and give ner Chevy Ch.	outside corporate lim prest town)	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR		utside carpora	te limits, write R			
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital,	give street	address)		d. STREET A	DDRESS				0	RESIDENCE ON A FARM?
-	NAME OF	lia Park]			ia Pa				S NO
0.	DECEASED (Type or print)	Bessie	rst	Middle		los		4. DATE OF	Mon		Day	Year
5	SEX	6. COLOR OR RACE	7 3PAN	B.		Shav		DEATH 9	3		ZZ	1958 JNDER 24 HRS
"	Tr.	TIP	WIDOWE					'	lost birthday)			ours Min.
10	USUAL OCCUPATIO	N (Give kind of work		Name of the last o		2-11-1		or foreign com	86 yrs	12 CIT12	ENLOS VA	HAT COUNTRY
	during most of worki	ng life, even if retired	1)	KIND OF BOSHLOSS C	/K 114002	III. BIKITIFE						BAT COUNTRY
13	FATHER'S NAME		1			14. MOTHER'S		Caro:	Lina		J.S.	Α
"	_											
15	WAS DECEASED EVER		IXTO	SOCIAL SECURITY NO	17 0	EIIZS	beth	Peele	Adde			
		f yes, give war or dates of		SOCIAL SECONITT INC					_			
H	1			4		Henry M	1. Sh	21/	AS 8	bove		
				for (a), (b), and (c)		4.	4/	. 0			INTERVA	L BETWEEN AND DEATH
		H WAS CAUSED BY: IMMEDIATE CAUSE (1/4	ong-est	we	near	1/0	ulu	<u> </u>		6-6	unho
	4000	DUE TO)	1. 1/2.	0	· +·	D	1 1				
	Canditions, if on			menco	10/-	nofu	Kear	1 des	are		104	us +
1	gave rise to in cause (a), stating t)								/	
L	lying couse last.		-)(
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE C	ONDITION GIV	EN IN PART 1	PE	VAS AUTOPSY ERFORMED?
	20a, ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	TRIBE HOW INJURY O	CCURRED), (Enter noture a	f injury in P	ort t ar Port II	of item 18.)			
MEDICAL	20c. TIME OF INJURY Haur a. j., p. m.	Manth, Day, Ye	ar 20d. IN While at worl	Not while	20e. PLA Foc	ACE OF INJURY (Home, form, e bidg., etc.)	20f. (City o	town)	(Cod	unty)	(Stote)
L	21. I certify the	at I attended the	deceasi	ed from Well	11	. 1942	210 //	nav,	2-2 1055	that I la	et cow'	the deceased
	alive on MM		. 19 5	participation of the second	death	accurred at	.,	M from	the course o	ad an the	of sure a	totad above
		1	,	1	200111	accorred ac			et, city or lown,		dule 2	DATE SIGNED
	ACTUAL SIGNATURE	Man.	u/	ag T		w.b. <u>//5</u>	- N	m,	Arc.	Wass	-6.	月
	PHYSICIAN'S NAME (Type) R	• Massid							e_N.W		ah	D
1 -	REMOVAL (Specify)			22c. NAME OF CEM	ETERY OF	CREMATORY			N (City, town, c			(Stote)
-	FUNERAL DIRECTOR'S	3-23-58	3	ADDRESS				Hende	rgon			lina
Ι.	OG GOTE		<i>a</i>	ADDRESS	A ==	9.7 T.P	240. REC'D	AR 2 0 '5	R 24b REGIS	TRAR'S SIGN		

moy be retained by the hospital or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and completely filled in by the funeral director, page 3 should detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and the pride with the registrar page 1 burial, cremation, or remavol, o≡d in ≡ny event within 72 hours ofter death.

VS A15 (4) 15M 9/55 110

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4

BUREAU V. S.

6361 88 AAM



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3613 CERTIFICATE OF DEATH 1 PLACE OF DEATH e. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest lown) d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS NAME OF Middle Lost DECEASED (Type or print) 6. COLOR OR RACE 7 MARRIED WEVER MARRIED 5 SEX DATE OF BIRTH DIVORCED [WIDOWED ! comple 100 USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) Puo 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED PORCES? 16 SOCIAL SECURITY NO 17. INFORMANT ottending 18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** ď. Conditions, if ony, which ! (b) gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. (c) 200 ACCIDENT WAS UNDERLYING-EL OR CONTRIBUTING THE CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Doy. Year 20d. INJURY OCCURRED factory, street, office bldg . etc.) Hour o. m While of work of work 21. I certify that I attended the deceased from._... and that death accurred at 2 det ACTUAL SIGNATURE FUNERAL DE PHYSICIAN'S A. H. Richwine NAME [Type] 270. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Rock Creed Cemetery O

2 USUAL RESIDENCE (Where deceased lived. If institution) Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO P 4. DATE Month Day Year OF DEATH 195 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthday) Months Days Hours 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME Address 3 Mens PART II. OTHER SIGNIFICANT-CONDITIONS CONTRIBUTING TO DEATH-CLUT NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(0) [19. WAS AUTOPSY PERFORMED? YES | NO 🖅 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18) 20e PLACE OF INJURY (Home, form, 20f. (City or town) (Slote) (County) 1958 that I last saw the deceased M, from the causes and an the date stated above. DATE SIGNED Western Avenue, Chevy Chase 22d. LOCATION (City, town, or county) Washington, 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Robert Pumphrey Bethesda. DATE Maryland

Reg. Dist. No

VS A15 (4) 15M 9/55

BUREAU V. S.

DEVISORED ENTER

L'UREAU K. E.

8391 88 AAL

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TO MEDUTY MEDICAL EXAMINE cute the certificate, writing the forworded to the Chief Medical TO FUNERAL ECTOR: Page 3 to removal. VS. A15ME(5) 5M 9/55

exa	P 20		ion,
MACKET IN STATEMENT OF STREET BY EXCENSED WITHIN 24 BOUTS RITHER GROUP. IT ONLY GOLDY IS DECESSION, DICOSE EXC	or. Page 4 should be		e 3 should be used as a burial-transit permit. File pages I and 2 with the registrar proc to busial, cremation
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7	the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director,	dical Examiner's Office along with form PM3. Page 5 may be-retained for your files	en en

9

MARYLAND STATE DEPARTMENT OF HEALTH—BALTI/	MORE, 18
RATE MEDICAL EXAMINER'S CERTIFICATE OF DE	EATH

Reg. Dist.	0	3	5	9	3
Rea. Dist.	No.			_	

1	1. PLACE OF DEATH G. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)					
	mentgomery Co MARYLAND	a. STATE Maryland b. COUNTY Munt					
	b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 and give negret town)	c. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town)					
	Takoma Pk. md. DOA	Silver String					
7	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	, d. STREET ADDRESS IS RESIDENCE					
7	Wash, San & Hosp	205 Waterford And YES NO X					
	3. NAME OF First Middle	Lost 4. DATE Month Day Year					
	(Type or print) Scott Royal	Smith DEATH Mar 31 1958					
	5. SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED 1 8	DATE OF BIRTH 12/20/53 9. AGE (In your IF UNDER TYEAR IF UNDER 24 HPS.					
	male white, WIDOWED DIVORCED	. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	CHILD NONE	MARYLAND U.S.A.					
	13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Royal L. Smith	MARGARET L. Branum					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IL	NFORMANT Address					
	NONE	Hord Record					
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH					
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) / Laphyrica						
	475 X DUE TO	475 X DUE TO DUE TO					
	Conditions, if any, which) (b) Edama) Elottes						
	gove rise to immediate couse (o), stating the underlying DUE TO						
	course lost. 10 topper active Resperatory Jufaction 27 hrs.						
	PART II. OTHER SIGNIFICANT CONDITION'S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?						
-	Š	YES NO []					
	a likimoki D o: CONTRIBUTITO D	nter noture of injury in Part I or Part II of item 18.)					
	T.						
	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE Hour a. m. 19 of work at work at work	CE OF INJURY (Home, form, 20f. (City or fown) (County) (State) bry, street, office bldg., etc.)					
	Name and American						
	21. I certify that I taok charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that						
	death resulted fram: Natural causes 🔀, Accident 🔲, Suid	cide, Homicide, Undetermined cause					
	ACTUAL 7 10 B	DATE SIGNED					
	SIGNATURE MANA Je Jose Front	_M.D. CHIEF MEDICAL EXAMINER [_]					
	EXAMINER'S FRANK J Bhoscha 64	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 3-3/-58					
	NAME (Type) FIT NK J JOHNSCHA FT 220. BUR AL, CREMATON, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	DELOTE MEDICAL EXAMINER ST					
	BURIAL (Specify) 4/3/58 PARKLAWN CEMET						
- 2	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 SECIL SA BECIELDES 1974 DECKEDES CICNELISE					
	Warner to Pumphrey, SILVER SPRING						
		TO ALIE					

DEALERAED SINGER

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03594 3615MEDICAL EXAMINER'S CERTIFICATE OF DEATH Ren. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY files. Health, b. COUNTY MARYLAND b CITY OR TOWN I I autifue co c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate timits, write RURAL and give rearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street/oddress) IS RESIDEN E ON A FARM? retained retained YES NO 🔀 Stat NAME OF Middle DATE First DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9 AGE the years IF UNDER LYEAR IF UNDER 24 385 test birthday) Mantha Days Haurs WIDOWED IT DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote ar fareign cauntry) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) Pages n PM3. 13. FATHER'S NAME. 14. MOTHER'S MAIDEN NAME Odristopher Smith Catherine Hearn haur ive P then 18. Give to along with form F 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, ac. or unknown) (yes, give war as dates of service) Mrs. Frances Smith, Yorktown Village, Md. No 18 CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEK FART I. DEATH WAS CAUSED BY: Otrkesses IMMEDIATE CAUSE (a) Office Wall. DUE TO Conditions, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLDS PERFORMED? NO V Medic id be 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18) CAUSE OF DEATH. 20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 120f (City or fawn) (County) (Stote) factory, street, office bldg., etc.) White Not white of work at work writing to the p. m. 21. I certify that I took charge of the remains described above, held on Autopsy [7], Inspection [8], opinion death resulted from. Natural causes ... Accident . Suicide , Homicide , Undetermined monner Ö ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER [7] SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER' NAME (Type) 3cha rt DEPUTY MEDICAL EXAMINER 220 BURIAL, CREMATION, 226 DATE THEREOF 22d LOCATION (City, town, or county) Cedar Hill Crematory Cremation Suitland. 756 Pa. 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 246 REGISTRAS'S SIGNATURE 5M 2/57

BUREAU V. S.

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SEE THE PAIN

VS A15 (4) 15M 9/55

ARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE	. 18
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CERTIFICATE OF DEATH

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0,4,10	Reg. Dist, No.
PLACE OF DEATH O. COUNTY 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY L.
1000 - 69 0 00	me me montgomery
b. CITY OR TOWN (If outside Corporate Inalis, write C LENGTH OF STAY IN	1 - 4 - 8 -
/ al Mis me. I Cert 17 days	· Vij Takoma larti.
or Historian Alf not in bapital, give street oddress;	d. STREET ADDRESS GO 4 Davis Ave ON A FARM? YES NOW
3. NAME OF DECEASED (Type or print) NeTTIE N/a 11	STIMESON 4. DATE Month Doy Véor OF DEATH 3 / 16 195
5. SEX 6. COLOR ON RACE 7 MARRIED DIVORCED [DIVORCED [lost birthdoy) Months Days House Atin
1902 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR I	INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT
during most of working life, even if retired	wisconsin u.s.a
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lorenzo Qustin	alzina Warran
	17. INFORMANT O Address
(Yes, no ar unknown) H yes, give war or dates of service None	Daughter (Mrs Evelyn Pearson) 904 Davis Ave 7
18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c)]	INTERVAL BETWEEN
PART I DEATH WAS CALISED BY	ONSET AND DEATH
IMMEDIATE CAUSE (0) / FIZ 126 - FR . CC:	user of blacks, seek b.
DUE TO	-,/
Conditions, if ony, which) the full Conditions, if ony, which)	lagha
gave rise to immediate	
coute (a), staring the under-	dear Lasterse
lying couse lost) (c) L CC LE LA	/ / / / / / / / / / / / / / / / / / / /
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS' PERFORMED?
3	YES (NO F
E OR CONTRIBUTING □ CAUSE OF DEATH!	URRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work	De PLACE OF INJURY (Hame, farm, 201 (City or town) (County) (State factory, street, affice bldg . etc.)
21. I certify that I attended the deceased from 2/3	3/ 10/13 1- 3/14/ 1058 1-111
13/11/200	2.3/., 19.04, to
olive on, and that d	eath occurred at/29. M, from the couses and on the date stated abo
27.	ADDRESS. (Street, city or town, stole)
SIGNATURE TREETER OF MERCE OF	nin Carroll asum Jak M. Md
PHYSICIAN'S HEWARD T. MORSE	u u
22g BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETE	RY OR CREMATORY) 22d LOCATION (City, Iown, or county) (Stole)
Bremoval (Secily) Mar 24 158 Fen 23+ +	file LEM MADISON WISC
ADDRESS LU	ASHIZ DC 240. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE
MI 254 Flint	STALL DATE MAR 1 8 '58 We Leaven

BUREAU V. S.

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Bound My 22 158 Porses ALL Can Hill the Melling 274 Farmer St. 100 I

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EVAMINEDIC CERTIFICATE OF DEA

03597

10		MEDICALEX	AMINEK 3	CERTIFICA	IE OF DEATH	oo, Dist. No.		
F	PLACE OF DEATH	3617-		2. USUAL RESIDENCE (Where deceased lived If institution			
	a. COUNTY	MONTGOMERY	MARYEAND	O. STATEMARYL		MONTGOMERY		
	b. CITY OR TOWN (If		GTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate limits, write RUR/	AL and give nearest town)		
Ï		SILVER SPRING 1	yrs.	SILVE	R SPRING			
Г	d. NAME OF HOSPITA	AL OR INSTITUTION (If not in hospital, give	e street oddress)	d STREET ADDRESS		IS REPORT E		
	12,817 GEORGIA AVENUE		12,817 GI	CORGIA AVENUE	YES NO			
3	NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Day Year		
	(Type or print)	فالمناك فالمستحد والمستحد	IRDEVANT		DEATH MARCH	31 1958		
3	. SEX	6. COLOR OR RACE 7 MARRIED N		DATE OF BIRTH	And higher hands	NDER IYEAR IF UNDER 24 HRS		
	MALE	WHITE WIDOWED	DIVORCED	0/1/00	1/2 yrs			
L	10c. USLAL OCCUPATION (G ve kind of work done 10b. KIND OF BUS NESS OR INDUSTR during most of working life, even if retired) TOT. SOLGIET (retired) II. S. Army				2 CITIZEN OF WHAT COUNTR			
	3. FATHER'S NAME	r (retired) U.S.	Army	14. MOTHER'S MAIDEN	lle, Wisconsin	U.S.A.		
Ì		M. Sturdevant		Minette Bac				
ï		ER IN U. S. ARMED FORCES? 16. SOCIAL	SECURITY NO. 17 IN		Addien	-		
L	YES				Sturdevant, 12.81	7 Ga. Ave.		
=	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]							
	PART I, DEATH WAS CAUSED BY:			almed an		1		
	40000	IMMEDIATE CAUSE (a)	eronary oc	GRUSTON		sudden		
	Conditions, if a							
	gave rise to immed	liate couse	<u></u>					
	cause last.	fol, wound the obderiving						
100000	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P							
AP 0 TOP1		SE WAS 206 DESCRIBE HOW I	NJURY OCCURRED (En	ter noture of injury in Par	t I or Fart II of item 18.)			
4501004	20c. TIME OF INJUR			E OF INJURY (Home, formy, street, affice bldg., etc.	n. 20f. (City or fown)	(County) (State,		
4450	Haur a.m. p.m.	19 While the outwork of	(D) WILLIAM	y, arreet, diffice things, etc.	.)			
	21. 1 certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . ond in my							
	apinian death resulted fram: Notural couses 🔀, Accident 🗍, Suicide 🗍, Homicide 🗍, Undetermined monner							
	ACTUAL SIGNATURE	French A. Burn ha	ut	M.D CHIEF MEDICALE	XAMINER [DATE SIGNED		
	EXAMINER'S			ASSISTANT MEDIC	AL EXAMINER	3/31/58		
-	NAME (Type)	FRANK J. BROSCHART		DEPUTY MEDICAL				
B	TRIAL	4/3/58 ARL		L. CEMETERY	ARLINGTON, VIR			
2	COLLEGE DIRECTOR		VER SPRING,		APR 3 '58 246 REGISTRAL	educe		

EPUTY = INCLE EXAMINER: This certificate should be emented within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for acided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to your files.

TO FUNERAL CTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State of Health, or its design of agent, prior to burial, cremation, ar removal, and in any event within 72 hours ofter death. VS ATSME 5M 2/57

enveyn A. T

eder 8 AAA

DECENTER

1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	0.0 # 0.0
e =			3618 CERTIFICATE OF DEATH Reg. Dist. P	(135)38 No. 215
l director, filed with			PLACE OF DEATH COUNTY MONTGOMERY MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution Residence by COUNTY VIRGINIA b COUNTY	efore admission)
e o	(BA	1	b CITY OR TOWN (If outside corporate timits, write RURAL and give reports town) ETHESDA (RURAL) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate timits, write RURAL and give RURAL and give reports town) ETHESDA (RURAL) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate timits, write RURAL and give RURAL and give RURAL) STANLEY RT. 2	nearest town)
funerol buld be		-	d. NAME OF HOSPITAL III not in haspital, give street address)	e. IS RESIDENCE
in the second	51		U.S. NAVAL HOSPITAL BETHESDA, MD.	ON A FARM? YES NO
ely filled in Poges 1 an			OF TEDESCO TEATH MARCH 29	Day Year 19 58
		5	last birthday) (Manth: Da	AR IF UNDER 24 HRS
complet popers. oth.		100	A HELLI ACCURATION	
P 50	-		HOUSEWIFE VIRGINIA U.S.	OF WHAT COUNTRY
_ = 5.£	1	13.	HARRY A. GRAY 14. MOTHER'S MAIDEN NAME ELSTE SOUTHERN	
g physician remove car 72 hours-afty		15.	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
ng pl e ren 72 h		JYe	NO (HUSBAND) GEORGE E. TEDESCO (SAME AS	s # 2)
ottending n pleose re t within 72				NTERVAL BETWEEN
e of			IMMEDIATE CAUSE (o) CARCLINOMA METASTATIC BREAST	1-4RS +
by #			/ 70 X DUE TO	
gned b permit, in ony			Conditions, if ony, which gave rise to immediate DUE TO	
non. In sig nsit p			tying couse last. DUE TO	
physicalias beer rial-tron	r}	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PEREORMED? YES NO
ottending artificate to as the bur an, or ren		L CERTIF		
ol or ol this cert r use os emotion		MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Hour o. m Hour o. m 19 at work of work foctory, street, office bldg, etc.) 20e PLACE OF INJURY (Home, form, foctory, street, office bldg, etc.)	(State)
After I hed four			21. I certify that I attended the deceased from 17 FEBRUARY, 1958, to 29 MARCH, 1958, that I last alive on 29 MARCH, 1958, and that death occurred at 5:30 BM, from the causes and on the course of th	saw the decease
d hy the			ACTUAL R. G. Galluceule M.D. U.S. NAVAL HOSPITAL BETHESDA,	DATE SIGNE
reloine tAL Di shout	1		PHYSICIAN'S NAME (Type) R.G. GALBRAITH LT MC US N U.S. NAVAL HOSPITAL BETHESDA,	* - *
moy be FUNES poge 3 the regis		220	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY ARLINGTON, OF COUNTY) BURIAL (Specify) 4-1-58 ARLINGTON NAT'L CEMETARY ARLINGTON, VIRGIN.	(Stote)
ž ž		23.	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNAT	
VS A15 (4) 15M 10/57			BRADLEY'S FUNERAL HOME LURAY, VIRGINIA DATE DATE DE TOUR SAUE	4
		(7.	Sy: Tell Company	



BUREAU V. L

Rea, Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) COUNTY o STATE Michigan P COUNTY MARYLAND Montgomery b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest town) Bethesda days Inkster d NAME OF HOSPITAL (If not in haspital, give street oddress) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARMS The Clinical Center. Bethesda II. Md. 4379 Bridgeport Court YES 🔣 NO NAME OF Middle DATE Month Day DECEASED Rosa Belle Teel March (Type or print) 58 DEATH 19 6 COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 8 DATE OF BIRTH 9. AGE (In years 36 yrs Months Days Hours Female Negroid DIVORCED [7] 6, 1921 WIDOWED prs 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) Georgia Housewife None U. S. A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Mary (Unknown) John Marks 17. INFORMANT The Medical RecordAddress 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO The Clinical Center, Bethesda ll. Maryland Not available No 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL SETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o HORIO CARCINOMA - Utorus 2-13 month - with increased intracranial pressure + Conditions, if ony, which (b) gave rise to immediate also, metastases to lungs, liver, spleen, & Right kidney, **DUE TO** couse (a), stoling the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 588 above. YES 🔯 NO 🗍 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) n.m Not while of work of work p. m 21. I certify that I attended the deceased from September 2510 that I last saw the deceased March and that death occurred at 12:50 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL The Clinical Center SIGNATURE The National Institutes of Health PHYSICIAN'S S. Kahn. M. D. NAME (Type Bethesda ll. Maryland 220 BURIAL CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) (Stote) REMOVAL (Specify) 24b REGISTRAR'S SIGNATURE 24a, REC'D 8Y REGISTRAR MUL DATE MAR F

director filed uneral death P and ofter physician ℸ gned burial-transit peen OK: RAL DI shauld FUNERAL O VS A15 (4) 15M 10/57

BUREAU V. R.

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TO NOSTILL OR ATTINDING PRYSICIAN; The taw requires that the Heath Restificate be executed within 24 hours after death. Rage W	NO.	3 5	page 3 shauld detached for use as the buriol-transit permit. Then please remove carbon papers, Pages 1 and 10 be filed with	her
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V	SM SM	9/	55)

MARYLAND ST	ATE DEPARTMENT OF HEALTH—BALT	IMORE, 18
3620	CERTIFICATE OF DEATH	Reg. Dist. No.

1. PLACE OF DEATH 9. COUNTY Montgomer	v	MARYLAI	- 11	USUAL RESIDENCE (STATE Maryland	Where deceased liv	L COUNTY	Residence before Montg	
b. CITY OR TOWN (If o	utside corporate limits, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (771	
RURAL and give near Bethesda	est town)			Bethesda				
d. NAME OF HOSPITAL	(If not in hospital, give street	oddress)		d. STREET ADDRESS				a IS RESIDENCE
Resmore's a	nitarium		- 6	5509 Rive	er Road			ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	Einst Carring	Middle Frances	7	ESKEV	4. DATE OF DEATH	Manth		y Year
5. SEX 6	. COLOR OR RACE 7. MAR			DATE OF BIRTH	9. /	AGE (In years IF (UNDER TYEAR	R IF UNDER 24 HRS
Male	White Midow	ED C DIVORCED	<u> </u>	ct.19,188	}o '	ast birthdoy) M. 4	onths Dorn	Hours Min
10a. USUAL OCCUPATION during most of working	(Give kind of work done 10b.		NDUSTRY	11. BIRTHPLACE (St	ate or foreign count	ועי	12 CITIZEN	OF WHAT COUNTRY
Exec-AT &		Retired		Canada			US.	A.
13. FATHER'S NAME			1	4. MOTHER'S MAIDE	N NAME			
William T	eskey			Helen	Horne			
15. WAS DECEASED EVER (N U. S ARMED FORCES? 16.			RMANT	Broth	er Address	Same	as
No	N	0110	Chai	rles Tesk	rey		Item	#2
	Enter only one cause per li	ine far (a), (b), and (c).					INT	TERVAL BETWEEN
PARI I. DEATH	WAS CAUSED BY:	csp. ratory	7	an/ 1 - C				12 hes.
156.1	DUE TO	J	al .					
Conditions, if any,		11 Silver ma	7	, . r LK			10	100 > 31
gove rise to imm couse (a), stating the	nediate (Make in	j					
lying cause last.	(c)	1. 41 mm 7 mbez	4/2	1-, 1 66	- 27		•	m 1 21
PART II. OTHER 200. ACCIDENT WAS OR CONTRIBUTING E OR CONTRIBUTING III	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH				ONDITION GIVEN	N PART 1(o)	19 WAS AUTOPSY PERFORMED? YES NO NO
200. ACCIDENT WAS OR CONTRIBUTING E		CRIBE HOW INJURY OCCI						10 Cd 110 Cd
			212					
20c. TIME OF INJURY Hour a. n.	While	NJURY OCCURRED 20	foctory	OF INJURY (Home, for, street, office bldg.,	orm, i 20f (City ar I etc.) !	awn)	(County)) (Stote)
¥ p. m.	19 at war	rk 🔲 at work 🛅 📗						
21. I certify that	I attended the deceas	ed from	, ^ `	, 19 <u>5 7</u> , to_	316	19.5 th	at I last s	aw the deceases
alive on 16.		, and that de	eath oc	curred at 117	M, from th	ie causes and	on the do	ate stated above
	1	*			ADDRESS (Street,	city or town, state		DATE SIGNED
ACTUAL SIGNATURE	997 !	* *	мп	173	4735+	10-6		3/4/5-5
PHYSICIAN'S NAME (Type)	A 74.	מואין זורי	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	25 6 2 11	17 77 17	······································		o an anni la far a la la far a la l
22a. BURIAL, CREMATION,	22b. DATE THEREOF	22c. NAME OF CEMETER	RY OR C	REMATORY	22d. ŁOCATION	l (City, town, or co	ounty)	(State)
ur-Transit	3-8-58	St. James	Ce	metery	Orilli	a, Onta	rio,C	anada.
23. FUNERAL DIRECTOR'S S		ADDRESS		24a. RE	C'D BY REGISTRAR	24b. REGISTRA	P'S SIGNATU	(RE)
Robert A.	Pumphrev-Bet	chesda.Md.		DATE	Not. 3 4 2 15	el (2	C. O. Past	1

BUREAU V. R.

WAR IS 1853

VS A15 (4) 15M 10/57

MARYLANI 3621	O STATE DEPARTM	ENT OF HEALTH
PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (WI
h CITY OR TOWN Its outside corporate limits, write	E TENGTH OF STAY IN 16	CITY OF TOWN US

WIDOWED K

Middle

W

16. SOCIAL SECURITY NO.

None

20d. INJURY OCCURRED

Nat while of work of work

While

Robert A. Pumphrey-7557Wis. Ave. Bethesda, Melin

Chevy Chase

NAME OF

5. SEX

No

CATION

DECEASED

(Type or print)

Female

Housewife

420.0

20c. TIME OF INJURY

ACTUAL SIGNATUR

PHYSICIAN'S

NAME (Type)

Burial

REMOVAL (Specify)

23 FUNERAL DIRECTOR'S SIGNATURE

Conditions, if ony, which gove rise to immediate

couse (a), stating the underlying couse last,

200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

220 BURIAL, CREMAT ON, 226. DATE THEREOF

13 FATHER'S NAME

d NAME OF HOSPITAL (If not in hospital, give street address)

White

Samuel Alexander West

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)

15 WAS DECEASED EVER IN U. S. ARMED FORCES?

Susan

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]

DUE TO

DUE TO

Day.

Michel M. Healy, M. D.

4/1/1958

21. I certify that I attended the deceased from

Lenox Street

03601

Reg. Dist. No. ere deceased lived. If institution, Residence before admission. b. county ontgomery TOWN (If autside carparate limits, write RURAL and give nearest lown) Chevy Chase d STREET ADDRESS IS RESIDENCE ON A FARM? 101 E. Lenox Street YES NO TK 4. DATE Month Year TEWKSBURY March 28. 19 58 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 9 AGE (in years 8. DATE OF BIRTH 12 birthday) DIVORCED [7 May 19, 1885 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Virginia USA 14. MOTHER'S MAIDEN NAME Lucy Hinton Davis 17. INFORMANT Address Mrs, John H. King-4116 Blackthorn St. Ch. Ch.Md INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of murry in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) that I last saw the deceased that death occurred from the couses and on the date stated above. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Maryland Parklawn Cemetery Rockville 24o, REC'D BY REGISTRAR **246 REGISTRAR'S SIGNATURE**

-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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3622 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) COUNTY D. STATE b. COUNTY MARYLAND Montgomerv Mach DC b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest lawn) Bethesda Wash instan d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO FT 1212 Military 3 NAME OF First Middle Last 4. DATE DECEASED (Type or print) DEATH 19 Thomason 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S SEX 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours Alter Male White | WIDOWED [DIVORCED | YES 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) ired Ma. Swift P ck 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John Lee The son M rv E. Johns 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Wif 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 11 2 2 1 **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (a), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) factory, street, office bldg , etc.) Hour a.m. While Not while e. m of work at work 1958 to Much 2, 1858 that I lost saw the deceased 21. I certify that I attended the deceased from and that death accurred at 10 mm, from the causes and an the date stated above. ADDRESS (Street, city or town, state) **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOGATION (City, fown, or county) (Stote) REMIDVAL (Specify) Advention FONERAL DIRECTOR'S SIGNATURE **ADD RESS** 24b REGISTRAR'S SIGNATURE 24a REC'D BY REGISTRAR DATE MAR

complet g physician remove carb 72 haurs afte 72 attending please gned ğ certificate CTOR DIRE 3 should FUNERAL the registrar page 0

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VS A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03603 3623 **CERTIFICATE OF DEATH** Reg. Dist. No. director Poge 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) filed · COUNTY COUNTY MARYLAND unerol b. CITY OR TOWN In outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and gree nearest lawn) pe PURAL and give provest town) d NAME OF HOSP TAL (If not in hospital, give street address) d. STREET ADDRESS 15 RESIDENCE ON A FAPM? MBUF YES NO T NAME OF 3. Middle First DATE Month Ogy Year DECEASED (Type or print) DEATH 19.5 5 SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 9. AGE (In years lost birthday) FUNDER I YEAR IF UNDER 24 HR 8. DATE OF BIRTH Months Days Min Hours WIDOWED [DIVORCED [100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE ISTORE 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) and 13. FATHER'S NAME physician remove WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO Address ending 2 CAUSE OF DEATH [Enter only one couse per I pe for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110) 19 WAS AUTOPSY PERFORMED? YES A NO [20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18) 20c TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour o.m. factory, street, office bldg., etc.) While Not while of work of work p. m. 21. I certify, that I attended the deceased from i that I last saw the deceased alive an and that death accurred at Q Jam, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) FUNER. 229 BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) pode (Store) 0 **ADDRESS** BY REGISTRAS REGISTRAR'S MIGNATURE VS A15 (4)

15M 10/57

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3624 CERTIFICATE OF DEATH

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1. PLACE OF DEATH a. COUNTY Montgome	ry		MARYLA	11	USUAL RESIDE STATE Maryla:	nce (Who	ere decease		itution: Resi		re odmis	sion)
	If autside corporate limi	ts, write	c. LENGTH OF STAY IN	1Ь Х	Boyd.	WN (If ou	utside corpo	rote limits, wri	te RURAL or	nd give ne	arest fow	n)
	TAL (If not in hospitol, g	ive street	address)	1	d. STREET ADD	ORE SS						SIDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	LUMMIR		Middle V	т	Last		4. DATE OF DEATH		Month March	15.	*	Year 19 58
5. SEX female	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	B. C	ATE OF BIRTH	1900)	9. AGE (In yellost birthdo	ors IF UNI	ER I YEAR		
10a. USUAL OCCUPATION during most of wor HOUSOW	king lite, even it reliced	done 10b.	KIND OF BUSINESS OR	INDUSTRY	Maryli		or foreign c	ountry)	12.	U.S.		COUNTRY
13. FATHER'S NAME				1	4. MOTHER'S M	AIDEN N	AME					
	ward Campbe				Saral	h Bow	ren					
15. WAS DECEASED EVE [Yes, res, or unknown]	R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.	0s	RMANT ORF Turn	10r.,			Address yd, Ma	•		
PART 1. DEA / 5 44 × Conditions, if o gave rise to i couse (o), stoting lying couse lost.	mmediate DUE TO	,	ayaiho	ma	of 0					7	ERVAL BI	
S 20g. ACCIDENT W	AS HINDERLYING [7]		CRIBE HOW INJURY OCC							ART 1(o) 1	PERFC	AUTOPSY PRMED?
OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. jr. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yes	ar 20d. Il While of wor	Not while	De. PLACE factory	OF INJURY (Ho, street, office b	me, farm, ldg., etc.)	20f. (City	or town)		(County)		(Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the	M.	18, and that d th Smith	M,D	curred at 2	y ô	M, from	Mary	es and on wn, state) 14 Md	the da	te state	
220. BURIAL, CREMATION BEMOVAL (Specify) 23. SUMERAL DIRECTOR	3/19/58		St. Merk	s.,		4a. REC'D	Boyd :	RAR 24b.	or count	SIGNATU		le)
Notwer XI	Suowall	<u>_</u>	Rockville,	Md.	D	ATE	MAR 2 1	20	JUN-19-	esui	1	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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be funeral director,

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death. Page 4

moy be retained by the hospital or alreading physician.

TO FUNERAL EIFFCTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauf detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar pract to burial, crematian, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57

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± 3626	CERTIFIC	ATE OF DEAT	Н	Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institution b COUNTY			on)
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write R	URAL and give	neprest town)
Germantown - Rural		Germanto	wn -Rural			
d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION	eet oddress)	d STREET ADDRESS				DENCE FARM? NO
3. NAME OF DECEASED (Type or print) BEALL W.	Middle UNGLESBEE	lost	B.404 T 0 TT	9,1958		(еог 9
5 SEX 6 COLOR OR RACE 7. M	ARRIED MEVER MARRIED	B. DATE OF BIRTH	9 AGE (in years lost birthday)		EAR IF UNDER	R 24 HRS
Marc William	OWED DIVORCED	6/8/70	87 yrs	Months Da	lys Fiburs	A3 h
100 USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	06. KIND OF BUSINESS OR INDU	ISTRY 11 BIRTHPLACE (Stote	or foreign country)	12 CITIZE	N OF WHAT	COUNTRY
Farmer	Owner	Marulan	d		USA	
23. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
George W. Unglesbee		Annie C	Hiens			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no or unknown) (I) was, give wor or date of service)	16 SOCIAL SECURITY NO. 17.	INFORMANT	Add	ress		
No	None Ma	arv E. Ungle	esbee-Item#	2		
18 CAUSE OF DEATH [Enter only one couse per			/:	1	INTERVAL BET	IWEEN
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Corone	100 This	2. 1. 20.	1	ONSET AND	
420.1 DUE TO		1 1000			1000	7
Conditions, if ony, which)	(on which	dat 1			1	
gave rise to immediate		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1 .
tying couse lost.						
PART II. OTHER SIGNIFICANT CONDITION 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER)	IS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	IINAL DISEASE CONDITION GIV	EN IN PART 1	PERFOR	AUTOPSY RMED?
	ESCRIBE HOW INJURY OCCURRE	ED (Enter noture of injury in	Port I or Port II of item 18)			
Hour o.m. Whi		ACE OF INJURY (Home, farm sciency, street, office bldg., eli	n, 20f. (City or town)	(Cou	nty)	(Stote)
21. I certify that I attended the dece alive an 3-9, 19			1950 M, from the causes of	that I las	t saw the date state	decease
ACTUAL SIGNATURE VERMON E	Martens	MD. Le	ADDRESS (Street, city or town,		DA	TE SIGNE
PHYSICIAN'S Vernon E. Mar	tens					- dan - dan ana ana an
226 BURIAL CREMATION, 226 DATE THEREOF 3/14/58	Neelsville Ch		Neelsville, Mc		(Stole)
23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey-I	ADDRESS Bethesda, Md.	24a. REC	D BY REGISTRAR 246 REGIS	STRAP'S SIGNA	V	

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

director, Page

hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 3628 Reg. Dist. No. director death: Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) .. county Montgomery Filed **b** COUNTY MARYLAND Montgomery Marvland eral b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown mo. Silver Spring d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION BROOKE-Grove Foundation ON A FARM? 13.118 Blubill Road YES NO IX NAME OF First Midd le 4. DATE Month Day Yan 19 58 (Type or print) DEATH Marv Derothy Upperman 5. SEX 6. COLOR OR RACE 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED B. DATE OF BIRTH Months Days Hours WIDOWED F DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) U.S.A. Washington. D. C. own home Homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Betz death certificate Charles Fox Mr. Noble A. Upperman, 13118 Bluhill Road 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) Silver Spring Md. none 18 CAUSE OF DEATH [Enter only one couse per line for [a]. (b]. and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gave rise to immediate DUE TO couse (o), sloting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPS PERFORMED? NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Hame, form, 20f. (City or town) 20d. INJURY OCCURRED Dov. Year (Stale) (County) Hour o. m. factory, street, affice bldg., etc.) While Not while of work of wark p. m. 21. I certify that I attended the deceased fram S. A. That I last saw the deceased and that death accurred at 250 alive an -#4M, from the causes and on the date stated above 80 ADDRESS (Street, gity or lown, stote) DATE SIGNED ACTUAL SIGNATURE shauld W. Bird PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) (Stote) REMOVAL (Specify) Washington, D. C. Glenwood Cemetery 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS AAO. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) DATE MAR 2 6 15M 10/57

BUREAU V. K.

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BECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03609 **CERTIFICATE OF DEATH** 3477 Reg. Dist. No. director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY filed COUNTY MARYLAND ofter death: funeral CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) be RURAL and give agorest-town 0 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO Du D NAME OF Middle 4. DATE Yeor DECEASED OF DEATH (Type or print) 195 IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) Months Doys WIDOWED M DIVORCED | 2-8 papers, 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? L death. during most of working life, even if retired) and carbon α 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 7 Mg 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 GOCIAL SECURITY NO 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) 445X DUE TO ģ any Conditions, if ony, which gned gave rise to immediate **DUE TO** couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Slote) foctory, street, office bldg., etc.] Hour e. m. While Not while at work at work 21. I certify, that I attended the deceased fram .that I last saw the deceased alive on and that death occurred at (a) M, from the causes and an the date stated above ADDRESS (Street, city or town Atote) DATE SIGNED de ACTUAL SIGNATURI shou PHYSICIAN'S O FUNERAL NAME (Type) 3 NAME OF CEMELERY OR CREMATORY (City, town, or county) poge 246 REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 DATE 6

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			362	O CERT	IFICA	TE OF DEATH	1	Reg. Dist.	1) 1215
N.		Montgomer	y	MAI	YLAND	2 USUAL RESIDENCE (WI o. STATE District of	nere deceased lived. If institution b. COUN'	utian Residence befor TY	e admission)
(20)			f outside corporate limits.	write c LENGTH OF STA	Y IN 16		outside corporate limits, write	RURAL and give nea	rest fawn)
3		Bethesda	(Rural)	2 hrs.43	min.	Washington	*,	-	
$\mathcal{L}_{j,2}$		OR INSTITUTION	TAL (If not in hospital, giv	e street Oddress)		d STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	-			NNMC, Rethesda		2 Knot Gree			YES NO
		NAME OF DECEASED Type or print)	Michael	(n)		VERBANTC	4. DATE MOTO	anth Day h 7	y Year 1958
	5 :	EX	6. COLOR OR RACE	MARRIED NEVER MARI		DATE OF BIRTH	9 AGE (In year	IF UNDER 1 YEAR	
_		/ale	17444 00	WIDOWED DIVORC		7 March 1958	tast birthday		Hours Ain
1	10a	. USUAL OCCUPATION during most of wor	ON (Give kind of work do king life, even if retired)	ne 10b. KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE (Stole	or foreign country)	12 CITIZEN OF	F WHAT COUNTRY
1)	_	None		None			yland	U.S.	
	13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	NAME		
			rt VERBANIC	ES? 16 SOCIAL SECURITY N	- li-	Willa J. S.			
	{Ye	, NO. OF URKNOWN)	(If yes, give war or dates of serv	nce)		FORMANT		ddress	11 %
	-	10 CALISE OF DE	THE FEB.	None		ther) Joseph	Robert VERBA		
			TH WAS CAUSED BY-	on per line for (a), (b), and (c	1-1			ONSI	RVAL BETWEEN ET AND DEATH
		11/2 2 6	IMMEDIATE CAUSE (a) DUE TO	- amores	Z			Z. 4	Groy Snu
		Conditions, if a	mu sublah V	Foto	0	tolorton	10	>	less 42 mm
		gave rise to i	mmediate (Dur 70	1	1_	-t-C		2.\	100 1011
		lying cause last.	(c)_	Amm	alu	ules (5	00 gms ue	ught)	
N. F	CATION	PART II OTH	HER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO D	EATH BUT I	OT RELATED TO THE TERMI	NAL DISEASE CONDITION O	IVEN IN PART 1(a) 19	PERFORMED?
	CERT, FI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 1 20 1 CAUSE OF DEATH MEDICAL EXAMINER)	06. DESCRIBE HOW INJURY	DCCURRED	(Enter nature of injury in I	Part I or Part II of item 18.)		2
	MEDICAL	20c, TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Year 19	20d. INJURY OCCURRED While Nat while at wark at work	20e. PLA fact	CE OF INJURY (Home, farm ary, street, affice bldg., etc.	20f. (City or town)	(County)	(Stote)
		21. I certify th	at I attended the d	leceased fram 7 Ma:	rch	, 19 58, to 7	March 19	58 that I last sa	w the deceased
		alive an 7 M	arch	, 12 <u>58</u> , and tha	t death	occurred at8:10P	_M, fram the causes	and on the date	e stated above
		ACTUAL	TP NA	u ,	,		ADDRESS (Street, city or town	n, state)	DATE SIGNED
2		SIGNATURE	Jann H	Janus!	M	U.S. Naval	Hospital, Beth	nesda Md.	3-8-58
2		PHYSICIAN'S NAME (Type)	J.H. MAZUR	LT MC USIV					
	220		N. 226 DATE THEREOF	22c. NAME OF CEN	AETERY OR	U.S. Naval	Hospital Beth		
		REMOVAY (Specify)	3-12-58			onal Cemeter		,,,	(State)
	23	ByERA DALCJOR	SIGNATURE	ADDRESS	- 60		AX REGISTRAP 246. PET		
1	R	Publich	tey 7557 Will	seonsin Ate	the	da Md. DATE	ENK1 1 '58	Witheau.	A
	7	02/2	42 X VO			/	\$ 		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DELVEED YEAR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ANN TO 1959 V. S.

DEALEDE

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may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by this funeral director, page 3 shauld esched far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 defiled with the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 VS A15 (4) 15M 10/57

3631	CERTIFICATE OF DEATH	Reg. Dist. No.
PLACE OF DEATH COUNTY Mant gamery	MARYLAND "STATE ryla	ne deceased lived. If institution Residence perfore admission) b. COUNTY Mant garnery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town	GTH OF STAY IN 16 c. CITY OR TOXYN (IF au	Iside carparate limits, write RURAL and give Acarest town)
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Supplies the street address of the	d. STREET ADDRESS	Roonthoo Plad o. IS RESIDENCE ON A FARM? YES D NO DE
NAME OF DECEASED (Type or print) Ognes Continued to the	garadied Walter	4. DATE Month Day Year DEATH 7 19.5 8
Female White WIDOWED	DIVORCED D Soptember 2	9. AGE (In years of the land o
o USUAL OCCUPATION (Give kind of work done 10b. KIND O during most of working life, even if retired)	F BUSINESS OR INDUSTRY 11. BIRTHPLACE (Shote of	foreign country) 12. CITIZEN OF WHAT COUNTRY
FATHER'S NAME	14. MOTHER'S MAIDEN NA	AME
WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL on no. pr ynknown) [If yes, give wor of colons of service)	SECURITY NO 17 INFORMANT	No alles 21th No.
18. CAUSE OF DEATH [Enter only one cause per line for (o). (b). and (c).)	INTERVAL SETWEEN /
PART 1. DEATH WAS CAUSED BY:	cardis & Cardiac	Decompensation onsei AND DEATH
gave rice to immediate	rall+emorrhage & left	
couse (a), stating the under DUE TO CEPE	prosclerosis	Undetermine
Cerebro. Hemorra		IAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 2
200. ACCIDENT WAS UNDERLYING () 206. DESCRIBE HO OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRED (Enter nature of injury in Pa	ort I or Part II of item 18]
20c. TIME OF INJURY Month, Day, Year 20d. INJURY O While Not work at w	factory, street, office bldg., etc.)	20f. (City or lown) (County) (State)
21. I certify that I attended the deceased from	ー ウリング	7 19 Sthat I last saw the deceased
alive an 193		M, from the causes and on the date stated above
ACTUAL SIGNATURE CONTRACTOR CONTR		odress (Street, city or town, state) stern Ave., Mar. 7,1958
PHYSICIAN'S GEORCE L. BALL	Silver S	Spring, Md.
o. BURIAL, CREMATION, 22b. DATE THEREOF 22c N	IAME OF CEMETERY OR CREMATORY	22d LOCATION (City, town, or county) (State)
Burial 3/11/58 Mt		Washington, D. C.
FUNERAL DIRECTOR'S SIGNATURE	DDRESS 24a. REC'D	BY REGISTRAP'S SIGNATURE
Robert A. Pumphrey Beth	esda, Maryland DATE	Wherein

R. W. UABRUE

REGEIVED .

03613

				8635	CERTIF	ICATE OF
(PLACE OF DEATH				2. USUAL
(18		o. county Montg	omery		MARYLA	O. STAT
		L CITY OR TOWN (H	outside corparate limi	ts, write	c. LENGTH OF STAY IN	1 1b c. CITY
	В	RURAL ond give ne ethesda (R	ural)		3 days	
		OF INSTITUTION	AL (If not in hospitol, g	ive street	oddress)	d. STRE
	U	.S. Naval	Hospital.	Bethe	sda, Md.	
	3	NAME OF	Fire		Middle	
		DECEASED (Type or print)	Phil	gi	Andrew	WAI
	S. 1	SEX	6. COLOR OR RACE		IED T NEVER MARRIED	
		Male	White	WIDOWE	_	_
	10c	. USUAL OCCUPATIO	N (Give kind of work o	dane 10b.	KIND OF BUSINESS OR	
1		Mariner	ing life, even if retired)		.Naval Offi	cer I
1)	13.	FATHER'S NAME		- P	VIII OILI	14. MOTH
		Henry G.	Walker			Sign
	15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFORMANT
	(Ye	Yes Curre	lf yes, give wor or dotes of si 가 는 기 기구		8 14 8762	Wife, M
					ne for (a), (b), and (c)]	HALL C 9 I'D
			TH WAS CAUSED BY:	17.		, Transi
		* Pa	IMMEDIATE CAUSE (o)	HUS	my willings	Intracri
		Conditions it			V	
		Conditions, if an	mediate			
		couse (o), stoling to lying couse last,	he under- DUE TO			
	z	-	FR SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H OLIT ALOT BELATE
	CATION	TART II. OTT	ER SIGNALICATAL COM	MIION3 C	ONTRIBUTING TO DEAT	4 SOL NOT KELATE
	171	20n ACCIDENT WA	S UNDERLYING ET	20h DESC	RIBE HOW INJURY OCC	TIPPED (Enter not
	CERTIF	OR CONTRIBUTING	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	100. 5030	SKIDE HOW HAJORI OCC	OKKED. (EINER HOI
		20c. TIME OF INJURY		r 20d IN	UJURY OCCURRED 20	De. PLACE OF INJU
	EDICAL	Hour a, m,	19	While	Not while	foctory, street,
	2	p. m.		of wark		
				decease	ed from 20 Mar	ch 19
		alive an 22	Mardh	_, 12	$\frac{58}{2}$, and that d	eath accurred
		ACTUAL 1/	hout to		1,	
1		SIGNATURE/_	111-	aru	VY	M.D. U.S
ď		PHYSICIAN'S R.	T MC CAPMIT	v m	MC TECHT	
	-		J.MC CARTH			U.s
		REMOVAL (Specify)		F V	22c. NAME OF CEMETI	
		Burial	3-26-58		Arlington	Nat'l Cer
	23.	ELINTERAL DIRECTOR'S	ramber.	lo.	ADDRESS	
	1 7	Chambers.	1400 Chapi	n St.	N.W. Washing	tton.D.C.

RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY Virginia OR TOWN (If outside corporate limits, write RURAL and give nearest town) Falls Church FT ADDRESS e. IS RESIDENCE ON A FARM? 4109 Oakdale Raod YES TO NO IX 4. DATE OF DEATH Lost Yeor KER March 19 9 AGE (In years lost birthday) BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours THPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY U.S. owa IER'S MAIDEN NAME nv Veblen Address rs. Kathryn G. Walker (Same As INTERVAL BETWEEN ONSET AND DEATH TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO ure of injury in Part I or Part II of item 18.1 RY (Home, form, 20f. (City or town) (County) (State) office bldg., etc.) 58 to 23 March that I last saw the deceased at 7:30A M, from the causes and on the date stated above ADDRESS (Street, city or town, stote) Naval Hospital, Bethesda, Md. 3-24-58 Naval Hospital' Bethesda, Md 22d LOCATION (Gity, lown, or county) (Stote) Arlington, Virginia meterv 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

15M 10/57

BUREAU V. S.

DECEIVED 1908

3633 CERTIFICATE OF DEATH

Reg. Dist. No.

03614

	PLACE OF DEATH o. COUNTY	AND	2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) q. STATE Virginia Trince William									
	b CITY OR TOWN (II RURAL ond give no	f outside corporate limi	ts, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)					ist lown)	
	Bethesda	oresi rowing		64 days		Manassas						
	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street			d. STREET ADDRE	SS				e.	IS RESIDENCE ON A FARM?
		cal Center	. Bet	thesda li. I	Md.	150 Evar	s St	reet			-	YES NO K
3	NAME OF DECEASED	Fir	si l	Middle		Lost		DATE	Mor	ith	Doy	Yeor
	(Type or print)	Pam		Sue		Wampler		DEATH	Mar	ch	1	19 58
5. 3	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	K B	. DATE OF BIRTH			9. AGE (In years lost birthday)		$\overline{}$	F UNDER 24 HRS
	Female	White	WIDOWI	ED DIVORCED		August 31	195	55	2 yrs	Months (Days I	Hours Min
100	USUAL OCCUPATIO	N (Give kind of work o	Jone 10b	KIND OF BUSINESS OR	ופעוסאי	TRY 11. BIRTHPLACE	State or fo	reign co	untry)	12 CITIZ	EN OF	WHAT COUNTRY?
	None	any me, even il remed		None		Virgi	nia			ι	J. S	. A.
13.	FATHER'S NAME					14. MOTHER'S MAIL	DEN NAME					
	Lacy Wamp	ler				Dorothy	Stre	eet				
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17. IN	FORMANT The	Medio	cal	RecordAdd	ress		
	No	in yes, give non or other or s	ervice)	None		e Clinical					Mam	vland
	18. CAUSE OF DEA	TH [Enter only one co	usa per lu	ne for (o), (b), and (c) }							INTER	VAL BETWEEN
	PART I DEA	TH WAS CAUSED BY:	A	wite con	- 7	sulmong	10-				1 4	HOUTS
	756,2	DUE TO	-				1 44-				-	Accis
	Canditions, if or	ny, which }	Br	onchopne	eru	onla					2	m onthe
	gove rise to in couse (a), stating (4					
	lying couse lost	(c)	Fib	nought d	450	ese is	elie	par	creas		12	y Piers
S S	PART II OTH	IER SIGNIFICANT CON	DITIONS_C	CONTRIBUTING TO DEAT	H BUT N	NOT RELATED TO THE	TERMINAL	DISEASE	CONDITION GIV	EN IN PART	1(0) 19.	
CATION											Y	PERFORMED? YES 📆 NO 🛅
E.	200 ACCIDENT WA	S UNDERLYING	206. DES	CRIBE HOW INJURY OC	CURRED	. (Enter noture of inju	ry in Port I	or Parl	Il of item 18)			
CERT	(IF EITHER, NOTIFY	CAUSE OF DEATH										
CAL	20c. TIME OF INJURY	Month, Doy, Yes	r 20d. II	NJURY OCCURRED 2	Oe. PLA	CE OF INJURY (Home	form, 20	Of (City	or town)	(Co	only)	(State)
MEDIC	Hour o.m.	19	While of world	Not while	Foct	ory, street, office bldg	., etc.)					
_		at Lattended the	decons	ed from Decer	nher	2710 57 10	March	h 7	10.58	45-4-4-1-		
	alive on Mar	ch 1		ond that c	leath.	accurred at 5	30A	Same	the enumer	and an Ab	sr saw	ine deceased
	dire direct	1	A	dia mai	eum i	accorred di22			eet, city or town,		e date	STOTED ODOVE. DATE SIGNED
	ACTUAL SIGNATURE	Veste	des	MAD		The Cli				,		3-1-58
			/		/VI	Nationa	l In	stit	utes of	Healt	3	
	PHYSICIAN'S NAME (Type)	led Feder.	M. D.			Betheso						
220		N, 22b. DATE THEREO		22c MAME OF CEMET	ERY OR				ION (City, town,	or county)		(Slote)
L	REMOVAL (Specify)	mas 31	958	Valler	1/	11.7	1	MI	Koni	5,00	,	TA
23.	FUNERAL DIRECTOR'S	SIGNATURE	1911	ADDRESS		240	REC'D BY	REGISTR	AR DAS REGI	STRAR'S SIGN	NATURE	VIII
	F. Gasch	's Sons H	lvatt	sville. Ma	rvl	and.	AR 7	.28	July	educa		

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 funeral director, ould be filed with may be retained by the hospital or attending physician.

TO FUNERAL CONTION: After this certificate has been signed by the attending physician and campletely filled in by page 3 shault.

Then please remaye carbon papers. Pages 1 and the registrar prior to build, cremation, ar remayal, and in any event within 72 haurs after death. VS A15 (4) 15M 10/57



death.



REC'D BY REGISTRAR

24bc REGISTRÁR'S SIGNATURE

hours after death.

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VS A15 (4) 15M 9/55 23. FUNERAL DIRECTOR'S SIGNATE

SEEL Y 89.

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3635 **CERTIFICATE OF DEATH**

Reg. Dist. No.

1. PLACE OF DEATH		2 USUAL RESIDENCE (Where decease	d lived if institution	Residence before admission)
Montgomery	MARYLAND	West Virginia	b. COUNTY	
b CITY OR TOWN (If outside corporate limit RURAL and give rearest lown)	its, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	prote limits, write RUI	RAL and give nearest lown)
Bethesda (Rural)	67 days	Richwood	55	Υ .
d NAME OF HOSPITAL (If not in hospital, s OR INSTITUTION	give street address)	d. STREET ADDRESS		e IS RESIDENCE
U.S. Naval Hospital,	NNMC, Bethesda, Md.	Baber Route		ON A FARM? YES MO
3 NAME OF FIE	rst Aliddle	Lost 4 DATE OF	Month	70/
(Type or print) JC		WIBLIN DEATH	March	4 19 58
5. SEX 6. COLOR OR RACE	7 MARRIED NEVER MARRIED	B. DATE OF BIRTH		FUNDER TYEAR IF UNDER 24 HRS
Male White	WIDOWED DIVORCED	4 July 1898	59 yrs	Months Doys Hours Min
10a USUAL OCCUPATION (Give kind of work during most of working life, even if retired	done 106 KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote or foreign of	ountry)	12. CITIZEN OF WHAT COUNTRY
Fireman, C & O Railro	oad. Commercial	West Virgin	ia	U.S.
13 FATHER'S NAME		14 MOTHER'S MAIDEN NAME		
William WIBLIN		Susan WHITE		
15 WAS DECEASED EVER IN U. S ARMED FOR		NFORMANT	Addres	35
No		fficial Navy Record	as)	
1B CAUSE OF DEATH [Enter only one co	,	0 H D	: 4	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to	Carcinoma of	the largery	win	ONSET AND DEATH
DUE TO	-/ /	Ú		3 years
Conditions, if ony, which				O year of
gove rise to immediate DUE TO		Canada		(GAPINX.)
lying couse lost.	a			J
	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN	N IN PART 1(6) 19 WAS AUTOPSY
PAM II. OTHER SIGNIFICANT CON 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				PERFORMED? YES NO
200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	206. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I or Por	t II of item 1B.)	
20c TIME OF INJURY Month, Doy, Yes		ACE OF INJURY (Home, form, 20f. (Cit)	or town)	(County) (State)
Hour o. m. 19	While Not while for	tory, street, office bidg., etc.)		, , , , , , , , , , , , , , , , , , , ,
21. I certify that I attended the		er 19 57 to 4 March	58	
glive on 4 March 1958				that I last saw the decease
dive on T part us 1220	, 19, and that death	occurred at 9:00PM, from		
ACTUAL ///	2/12/	` ·	treet, city or lown, st	,
SIGNATURE	10 cm	M.D. U.S. Naval Hosp:	ltal, Beto	esda, Maryland
PHYSICIAN'S Martin R. PY	AUT, LT,MC,USN	U.S. Naval Hosp	ital, Beth	esda,Md. 3-6-58
220. BURIAL, CREMATION, 226. DATE THEREO	OF 22c NAME OF CEMETERY OF		TION (City town, or	
REMOYAL (Specify) Burial 9 March 1	1958 MC Million Chi			, West Virginia
23 AUNERAL DIRECTOR'S SIGNATURE ALL	ADDRESS	24g. REC'D BY REGIST		RAR'S SIGNATURE
R.A. Pumphrey, 7557 Wil	isconsin Ave., Bether	sda, Md. DATE MAR 7	'58 (7:	1 1

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DECENTED.

CERTIFICATE OF DEATH 3479 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY **b.** COUNTY MARYLAND Amer b. CITY OR TOWN (If subide corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) a. d. NAME OF HOSP TAL (If not in hospital, give street address)
OR INSTITUTION 'd STREET ADDRESS IS RESIDENCE ON A FARM? YES 🗍 NO 🗖 lashington NAME OF Middle 4. DATE Month Day Year DECEASED Q# (Type or print) DEATH 195 Marc IF UNDER I YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years last birthday) Months Dovs Hours Min. DIVORCED T WIDOWED [yrs. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 17. CITIZEN OF WHAT COUNTRY? HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 1 6. SOCIAL SECURITY NO 17 INFORMANT Address CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)-] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) ma DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying couse lost PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY PERFORMED? YES NO 20a ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port II of item 18) OR CONTR BUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) AFDICAL 20e PLACE OF INJURY (Home, farm, 20f. (City or fawn) 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED (Stote) (County) foctory, street, office bldg, etc.) Hour g. m While Not while D. 83 at work of work 21. I certify that I attended the deceased from .that Clast saw the deceased MARCH and that death accurred at lin AM, from the causes and on the date stated above alive an ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME IType 220. BUR AL. CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) LINCOLN CREMATORY PRINCE GEO. COUNTY _ MARYLAND 23. FUMSKAY DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 1246 REGISTRARIS SIGNATURE DATEMAR 3 1 '58 who sed

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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-	may be retained by the hospital ar attending physician. O FUNERAL I CILE: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 show detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and bould be filed with	the registrar past to burial, cremation, or remayal, and in any event within 72 hours after death.
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11.4	ZA Short	SPre
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TO IIOSIITAII OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter dimith. Tage 4	may be retained by the hospital ar attending physician. TO FUNERAL - CILL: After this certificate has been signed by the attending physician and completely filled in by-the funeral director, page 3 show - detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and - bould be filed with	-

VS A15 (4) 15M 9/55

1	1. 1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)
	<u> </u>	MARYLAND MARYLAND	o STATE/772 killand b. county) vines (10000
		CITY OR YOWN (If outside carporate limits, write) c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
-		Ekomo Port 33 dans	Hustraville 1: 11
		d NAME OF HOSPITAL (If not in haspital, give street oddress)	d STREET ADDRESS
	M	as hingion Sanitarium & Host.	1470 Kanawa 51. YES NO P
	3.	NAME OF First Middle	Last 4. DATE Month Day Year
		DECEASED [Type or print]	OF DEATH 3 - 21 1950
	5 9	EX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years IF UNDER YEAR IF UNDER 24 HRS
		male White WIDOWED IT DIVORCED IT	lost birthday) Months Days Hours Min
	10a	USUAL OCCUPATION [Give kind of work done 10b KIND OF BUSINESS OR INDUS	
1		during most of working life even if refired	
	13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME
/	1	Dear House I Marilla	Elva Chaus
	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 W	FORMANT Address
		no or unknown) (If yes, give wor or dates of service)	Man Rocal R
		18 CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c)]	110511131 (1860V85
		18 CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c)] PART I. DEATH WAS CAUSED BY	INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (0)	en course your my
		THE X DUE TO	C C C C C C C C C C C C C C C C C C C
		Conditions, if any, which gove rise to immediate	Conditioned Distort 19th
		couse (a), stating the under-	
-	7	lying couse lost. (c)	
0	Į.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Hol 19. WAS AUTOPSY PERFORMED?
	FICA	20 ACCIDENT WAS UNDERSTOOD TO THE PART OF COMMENT OF THE PART OF T	YES NO
į	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	Enter nature of injury in Part I or Part 11 of item 18)
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	WEDICAL	Hour a.m While Not while foo	ICE OF INJURY (Hame, farm, 20f (City or lown) (County) (State) fory, street, affice bldg etc.)
	ME	p. m. 19 of work of work	
		21. I certify that I oftended the deceased from from	8. 1958, to March 21, 1958, that I last sow the decease
		olive on huseh 20, 1958, and that death	occurred of 5 20M, from the couses and on the date stated above
		3 000	DATE SIGNE
		SIGNATURE DOUS O CO-FEE	A.D. 1019 University Donavord
1		PHYSICIAN'S ROSE RABKIN	Silver Sui manded 3/21/5
ě.		NAME (1990) DOCK 12 OCT 195 CUT	3/10x ming may sign sign sign sign sign sign sign sign
	220	BURIAL SECTION 22b. DATE THEREOF 22c. NAME OF CEMETERY 201	(3.0.0)
	_	Burial March 24,1958 Riverside Cen	metery. Norristown, Pennsylvania.
	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 RECISTRAR 245 REGISTRAR'S SIGNATAIRE
		W. W. CHIMBERS CO., 1400 Chapin St., N	·No, nash Burelo.

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2 THE STATE OF THE	STATE DEPARTME	NT OF HEALTH	-BALTIMO	RE, 18	03620			
- 3036 Icen 17.Film G-26 3/1	. No.							
1. PLACE OF DEATH O. COUNTY MONTGOMERY	MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b COUNTY						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) 13 ALTIMORE V						
d. NAME OF MOSPITAL (If not in hospital, give street of OR INSTITUTION HAVAREST NURSING HEME		d. STREET ADDRESS 4. IS RESIDENCE ON A FARM? YES NO						
3. NAME OF DECEASED (Type or print) HILMA	Middle BUCH	Wood	4. DATE OF DEATH	Month 3	Day Year /6 19 58			
5. SEX 6. COLOR OR RACE 7. MARRI	DIVORCED 1	Nov. 8, 1883	7.5	yrs. Months D	YEAR IF UNDER 24 HRS. Doys Hours Min.			
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) - housewife		TRY 11. BIRTHPLACE (Stote of Minne	r foreign country)		LEN OF WHAT COUNTRY?			
James R. Kearney		Lucy Buch			yn Navy Yard, yn, N. Y.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 S [Yes no or unknown) [If yes, give wor or dates of service]	SOCIAL SECURITY NO 17. INI	formant _{Mrs.Doro} 5/./Payid/E./Na			ters B, /			
18. CAUSE OF DEATH [Enler only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Congestive	Lailur	C		INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if ony, which (b)	Terminal	bron che	e-prices	ect-ecce	2 days			
lying couse lost. DUE TO			,	<u> </u>				
9	nalized	artaicse	Cerobil		1(0) 19. WAS AUTOPSY PERFORMED? YES NO [3]			
206. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW MIJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING 20b DESCRIBE HOW MIJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTION 10 10 10 10 10 10 10 1								

MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20d. INJURY OCCURRED Doy, Year 20f (City or town) (County) (Stote) Hour o.m. While Not while of work , 1957, to Much 16., 19.13 , that I last saw the deceased 21. I certify that I attended the deceased fram.

and that death accurred at 8.14 A. M., from the causes and on the date stated above. ADDRESS (Street, city or town, stole)
918 / Line () h to Blad F DATE SIGNED ACTUAL

ı	SIGNATURE	- 6 6 6	0 0 10 0 1	M.D _// \(\frac{1}{2} \)	-corresping in		2/16/
	PHYSICIAN'S NAME (Type)_	EINO	MAGI	Silve	a Specie	Juan	Manuel
7	20 BURIAL, CREM	AATION, 226. DATE TH	EREOF 22c. NAME OF CEA	METERY OR CREMATORY	12d. LOCATION (CIN	y, town, or county)	(State)
	Buriel	3/18/5	8 Loudon	Park Cem.	Balto.	Md.	

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l	ARYLAND	STATE	DEPARTMENT	OF HEALTH	-BALTIMORE,	18
1	WILLIAM	3174	DEI WEIMPIAL	OI HEALITE	-DALIMOKE,	10

3637 CERTIFICATE OF DEATH

Reg. Dist. No. 13621

1 PLACE OF DEATH a. COUNTY Montgomery MARYL		UND	2. USUAL RESIDENCE (WI	nere decease	d fived If institution b COUNTY	in: Residenc	e before o	dmission)			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)							
Bethesda Lidays			Seward		# J						
	OR INSTITUTION	'AL (If not in hospital, give stre	et address)		d STREET ADDRESS				g. (S RESIDENCE	
L	The Clin	ical Center, B	ethesda 14, M	id.	Box 29	2				ES 🔲 NO 🌁	
3	NAME OF DECEASED	First	Middle		Last	4. DATE OF	Mon	th	Day	Yeor	
	(Type or print)	Harold	Peter		Woods	DEATH	Mar	ch	21,	19 58	
5.	SEX	6. COLOR OR RACE 7 M	RRIED NEVER MARRIED	B 8	. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER		UNDER 24 HRS.	
	Male	White WIDO	WED DIVORCED		October 31,1	935	22 yrs.	Months	Days H	ours Min	
10c	USUAL OCCUPATION	ON (Give kind of work dane 1) king life, even if retired)			TRY 11 BIRTHPLACE (State	ar foreign o	country)	12 CITI	ZEN OF V	VHAT COUNTRY?	
	Laborer	ang me, even a remed)	common Labore	r	Alaska			1	J.S.A		
13	FATHER'S NAME				14 MOTHER'S MAIDEN N	NAME					
	Harold Woo	ods	. 90		Adeline	Evan	3				
	WAS DECEASED EVE	R IN U. S. ARMED FORCES?	6 SOCIAL SECURITY NO.	17 IN	FORMANT The Me	dical	Recordadd	ess.			
'''	No	far Any Bon mot de diduit ot résents?	574-10-7895	Th	ne Clinical C	ent er	, Bethesd	a 14,	Mary	land	
	IB. CAUSE OF DEA	ATH [Enter only one couse per	line far (a), (b), and (c).}						INTERV	AL BETWEEN	
	PART I DEATH WAS CAUSED BY: Congonital Hount Discoso Ventricular contal de Constand Death										
	Due to and pulmonic valvular stemosis - Post Operative.										
	Condition if any which) Post (manatista hammanhana during madi actions										
	gove rise to immediate										
	lying couse last Congestion of Kidneys. Cardiac Arrest.										
CERTIFICATION	PART II. OTH	HER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	H BUT N	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	P	VAS AUTOPSY ERFORMED? S 🔀 NO 🗍	
	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 206 D CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCC	URRED	(Enter nature of injury in 1	Part I ar Par	1 (F of item 1B)				
MEDICAL	20c. TIME OF INJUR			Je. PLA	CE OF INJURY (Home, form	, 20f. (Cit	y or lawn)	{Ci	aunty)	(State)	
WED	Hour a m	19 Wh	le Not while or at wark	TOCH	ary, street, affice bldg , etc	1					
	21 I certify th	at I attended the dege	God from March	7.	19 58, to M	larch	21, 19 58	that I I	*** *****	the decement	
	alive on Mar		58 and that d		medical lines	Marin 8	n the causes a				
	dire division	10	Zasenia III di	cum	12:09 P.M.	ADDRESS (S	freet, city or lawn,	na on m state)	e uare :	DATE SIGNED	
	ACTUAL	0,100 20	una de	9-		_	Center		-	3/21/58	
	SIGNATURE	A STATE OF THE PARTY OF THE PAR	Market Market	M			itutes of	Heal	21 541 20		
	PHYSICIAN'S NAME (Type)	CARLOS B. LOM	BARDO, M.D.				Maryland				
220	BURIAL, CREMATIO	N, 226 DATE THEREOF	22c. NAME OF CEMETE	RY OR			TION (City, town, o	r county)		(State)	
	BWX1257	3-25-58				5	EWARL	A	LAS	SKA	
23.	FUNERAL DIRECTOR	4 1	ADDRESS Wa	3h		D BY REGIS		TRAP'S SIG	NATURE		
	W.W.CF	HAMBERS C	0 /400 C	hry)	Lin J/ 104121	MAR 2 7	58	thes	with		
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